

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003082

FILED
Feb 17, 2011
Secretary of State

Entity Name: THE COMMUNITY PHARMACY OF SARASOTA COUNTY, INC.

Current Principal Place of Business:

225 TAMIAMI TRAIL SOUTH
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

225 TAMIAMI TRAIL SOUTH
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 26-2295558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHMIELEWSKI, KIMBERLY
225 TAMIAMI TRAIL SOUTH
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: JAY, ZRIMEC
Address: 1274 HARBOR TOWN WAY
City-St-Zip: VENICE, FL 34292

Title: VP
Name: KEN, PFAHLER
Address: 919 CHICKADEE DRIVE
City-St-Zip: VENICE, FL 34285

Title: TREA
Name: DIANE, MCMAHON
Address: 115 LEE CIRCLE
City-St-Zip: ENGLEWOOD, FL 34223

Title: SEC
Name: WILKINSON, JULIE
Address: 2015 E 154TH STREET
City-St-Zip: BRADENTON, FL 34212

Title: D
Name: FORCIER, GEORGE
Address: 3603 N POINT RD, UNIT 802
City-St-Zip: OSPREY, FL 34229

Title: D
Name: KEEN, JORDAN
Address: 8472 WOODBRIAR COURT
City-St-Zip: SARASOTA, FL 34238

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIMBERLY CHMIELEWSKI

DIR

02/17/2011

Electronic Signature of Signing Officer or Director

Date