2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# P02000094669

Entity Name: GULF COAST MEDICAL PHARMACY, INC.

Current Principal Place of Business:

13685 DOCTOR'S WAY
SUITE 150 ROOM 1
FT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

13685 DOCTOR'S WAY
SUITE 150 ROOM 1
FT MYERS, FL 33912

New Mailing Address:

FEI Number: 56-2289411 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC
92 SADBERRY ROAD
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

WINESETT, ROBERT W C/O
P.O. BOX 610
FT. MYERS, FL 33902 US

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: ROBERT W. WINESETT 05/02/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GREEN, JEFFREY R
Address: 12900 EAGLE RD
City-St-Zip: CAPE CORAL, FL 33909

Title: DV ( ) Delete
Name: WYDYSH, GREGORY
Address: 521 SE 34TH ST
City-St-Zip: CARE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. WINESETT MR 05/02/2005
Electronic Signature of Signing Officer or Director Date