

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000049076

FILED  
Mar 16, 2008  
Secretary of State

Entity Name: NORTH FLORIDA PHARMACY OF MAYO, INC.

**Current Principal Place of Business:**

229 W MAIN ST.  
MAYO, FL 32066

**New Principal Place of Business:**

**Current Mailing Address:**

1756 SW BARNETT WAY  
LAKE CITY, FL 32025

**New Mailing Address:**

FEI Number: 13-4244272

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TORRANS, ALFRED W II  
1756 SW BARNETT WAY  
LAKE CITY, FL 32025 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ROSENFELD, JOEL E  
Address: RT 15 BOX 3094  
City-St-Zip: LAKE CITY, FL 32024

Title: S ( ) Delete  
Name: LUMBERT, CHERRY  
Address: PO BOX 65  
City-St-Zip: BRANFORD, FL 32008

Title: P ( ) Delete  
Name: NOLING, VICKY S  
Address: 9320 232ST  
City-St-Zip: O'BRINE, FL 32071

Title: VP ( ) Delete  
Name: MIDDLETON, JAMES S  
Address: PO BOX 1881  
City-St-Zip: LAKE CITY, FL 32056

Title: T ( ) Delete  
Name: TORRANS II, ALFRED W II  
Address: PO BOX 1463  
City-St-Zip: LAKE CITY, FL 32056

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 exemption stated in Chapter 119, 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: AL TORRANS II

T

03/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date