


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

03-29-2005 90020 006 ***150.00

DOCUMENT # P0400011207					
1. Entity Name CORAL HILLS PHARMACY & MEDICAL SUPPLY INC.					
Principal Place of Business 6979 NW 113TH AVENUE PARKLAND, FL 33076 US			Mailing Address 6979 NW 113TH AVENUE PARKLAND, FL 33076 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1421783	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
8. Name and Address of Current Registered Agent WEINER, RICHARD 6979 NW 113TH AVENUE PARKLAND, FL 33076				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEINER, RICHARD	NAME			
STREET ADDRESS	6979 NW 113TH AVENUE	STREET ADDRESS			
CITY-ST-ZIP	PARKLAND, FL 33078	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEINER, KAREN	NAME			
STREET ADDRESS	6979 NW 113TH AVENUE	STREET ADDRESS			
CITY-ST-ZIP	PARKLAND, FL 33078	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an agreement with an address, with all other like empowered.					
SIGNATURE: <i>Karen Weiner</i>		3-10-05 954-424-3784			
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR KAREN WEINER		Date Daytime Phone #			