Never Received Refact 1etter Spoke with Mr. MUSCA

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000127288

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FILED Oct 10, 2006 8:00 A.M.

SENIORCARE COMMUNITY PHARMACY, INC.			Secretary of State	
			Secretary or State	
ness Mailing Address				
8411 MARBLE STREET TAMPA FL 33615 8411 MARBLE STREET TAMPA FL 33615				
2. Principal Place of Business 3. Mailing Address			i cliffindal Iri fidriti alli) dan; bitm arm arm rans marm rith rithsi n rath	
Suite, Apt. #, etc. Suite, Apt. #, etc.			1st MOORE CR2E034 (10/05)	
City & State			4. FEI Number Applied For Not Applicable	
olry Zup	Count	try	5. Certificate of Status Desired S8.75 Additional Fee Required	
Name and Address of Current Registered Agent		7. Name and Address of Naw Registered Agent		
MUSCA, DANIEL G 100 S ASHLEY DR SUITE 1900 TAMPA FL 33602		Street Address (P.O. Box Number is Not Acceptable)		
		Cit. — 1.710 Code		
		FE		
the obligations of registered agent. SIGNATURE Signature typed or pretion particul agent and late a applicable (NOTE Regulates Agent synapure imparted when presidently) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		-	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<i>(1)</i>		E	☐ Change ☐ Addition	
CITY-ST-ZP 8411 Marble St. TAMAR, Fl. 336N CIT				
☐ Dele	eto IITLE		☐ Change ☐ Addition	
	STRE	ET ADORESS		
· -⊟-belg	. Hame Stre	E ET ADORESS	— . ☐.Change. ☐ Addition	
☐ Dele	HAME Stre	E et adoress	☐ Change ☐ Addition	
□ Dele	nami Strei	E ET ADORESS	☐ Change ☐ Addition	
	RIE TITLE NAMI STREI CITY	E ET ADDRESS -ST-ZIP	Change Addition	
	Mailing Address 8411 MARBLE S TAMPA FL 336 3. Mailing Addres Suite, Apt. #, et City & State Iry Zip dress of Current Registered Agent SUITE 1900 Sthis statement for the purpose of chargent IS \$150.00 Will Be \$550.00 a Department of State OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS TAMPA, Fl. 33 Dela	Mailing Address 8411 MARBLE STREET TAMPA FL 33615 3. Mailing Address Suite, Apt. #, etc. City & State Iny Zip Count dress of Current Registered Agent SUITE 1900 Sthis statement for the purpose of changing its registered and in the enableciable (NOTE Repeated and International Agent and the enableciable (NOTE Repeated and International Agent Agen	Mailing Address 8411 MARBLE STREET TAMPA FL 33615 3. Mailing Address Suite, Apt. #, etc. City & State Ify Zip Country dress of Current Registered Agent Name SUITE 1900 Street Address (City s this statement for the purpose of changing its registered office or registerent. (NOTE Registered Agent STREET ADDRESS OF STREET ADDR	

r nereoy coury triat the information supplied with this tring does not quality for the exemptions contained in Section 119, 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 earth, 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

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