
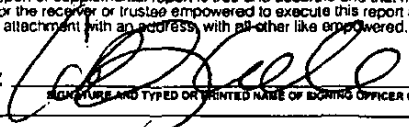


**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

3/1

03-03-2006 90095 012 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P05000134300</b> 1. Entity Name <b>PRESCRIPTION PLACE OF DEFUNIAK SPRINGS, INC.</b>		
Principal Place of Business <b>856 TEN LAKE DRIVE          DEFUNIAK SPRINGS, FL 32433</b>		Mailing Address <b>856 TEN LAKE DRIVE          DEFUNIAK SPRINGS, FL 32433</b>
2. Principal Place of Business <b>1337 US Highway 90 W</b> <small>Suite, Apt. #, etc.</small>	3. Mailing Address <b>1337 US Highway 90 W</b> <small>Suite, Apt. #, etc.</small>	
City & State <b>DeFuniak Springs, FL</b>	City & State <b>DeFuniak Springs, FL</b>	4. FEI Number <b>20-3551317</b>
Zip <b>32433</b>	Country <b>USA</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
8. Name and Address of Current Registered Agent  <b>WEEMS, LORI L ESQ,          112 E. JEFFERSON          2ND FLOOR          TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent  <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small>  <small>City</small> <span style="float: right;"><b>FL</b> <small>Zip Code</small></span>
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 reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<small>P/D</small> <b>ABBOTT, SHANE</b> <input type="checkbox"/> Delete <b>856 TEN LAKE DRIVE</b> <b>DEFUNIAK SPRINGS, FL 32433</b>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<small>S/D</small> <b>COLE, CARI</b> <input type="checkbox"/> Delete <b>856 TEN LAKE DRIVE</b> <b>DEFUNIAK SPRINGS, FL 32433</b>	<small>P/D</small> <b>Abbott, Shane</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1337 US Highway 90 W</b> <b>DeFuniak Springs, FL 32433</b>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<small>S/D</small> <b>Cole, Cari</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1337 US Highway 90 W</b> <b>DeFuniak Springs, FL 32433</b>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attachment with an address, with all other like empowered.		
<b>SIGNATURE:</b> 		<b>3-1-06</b> <small>Date</small>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>



ATTACHMENT

66004952

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 7, 2006

PRESCRIPTION PLACE OF DEFUNIAK SPRINGS, INC.  
1337 US HWY 90 W  
DEFUNIAK SPRINGS, FL 32433

Subject: **PRESCRIPTION PLACE OF DEFUNIAK SPRINGS, INC.**

Reference Number: **P05000134300**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION