2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007
Secretary of State

DOCUMENT# P06000079375

Entity Name: DOCTORS MEDICAL PHARMACY, INC.

Current Principal Place of Business:

1240-A NW 119 STREET
MIAMI, FL 33167

New Principal Place of Business:

1240-B NW 119 STREET
MIAMI, FL 33167

Current Mailing Address:

1240-A NW 119 STREET
MIAMI, FL 33167

New Mailing Address:

1240-B NW 119 STREET
MIAMI, FL 33167

FEI Number: 20-5013933 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CEPERO, RODOLFO
1240-A NW 119 STREET
MIAMI, FL 33167 US

Name and Address of New Registered Agent:

CEPERO, RODOLFO
1240-B NW 119 STREET
MIAMI, FL 33167 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: _____ 02/01/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CEPERO, RODOLFO
Address: 1240-A NW 119 STREET
City-St-Zip: MIAMI, FL 33167

Title: PD ( ) Delete
Name: PORTAL, LUIS
Address: 1240-A NW 119 STREET
City-St-Zip: MIAMI, FL 33167

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CEPERO, RODOLFO
Address: 1240-B NW 119 STREET
City-St-Zip: MIAMI, FL 33167

Title: PD (X) Change ( ) Addition
Name: PORTAL, LUIS
Address: 1240-B NW 119 STREET
City-St-Zip: MIAMI, FL 33167

I hereby certify that the information supplied with this filing does not qualify for the 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: RODOLFO CEPERO PD 02/01/2007
Electronic Signature of Signing Officer or Director — Date