## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 205409** 

FILED Jan 09, 2006 Secretary of State

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ntity Name: CA	ARTER'S ORTEGA PHARMACY,	, INC.			
urrent Principal Place of Business:		New Princ	New Principal Place of Business:		
923 CORINTHIA ACKSONVILLE,					
Current Mailing Address:		New Maili	New Mailing Address:		
923 CORINTHIA ACKSONVILLE, I					
El Number: 59-0813	FEI Number Applied For (	) FEI Number Not App	icable ( ) Cert	ificate of Status Desired()	
ame and Addre	ess of Current Registered Agen	t: Name and	Address of New F	Registered Agent:	
ARTER, GREGO 665 PARK STRE ACKSONVILLE, I	ET				
he above named the State of Flor	d entity submits this statement for rida.	the purpose of changing	ts registered office	or registered agent, or both	
IGNATURE:					
Electronic Signature of Registered Ager		d Agent	Date		
ection Campaign F	Financing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
ddress: 1865 S	( ) Delete ER, GREGORY S SALT MYRTLE LANE GE PARK, FL 32003 ( ) Delete	Title: Name: Address: City-St-Zip: Title: Name: Address:	CARTER, GREGORY 1865 SALT MYRTLE ORANGE PARK, FL:  S () Chan CARTER, MARY JAN 1865 SALT MYRTLE	LANE 32003 ge (X) Addition E LANE	
itle:		City-St-Zip:	ORANGE PARK, FL	32003	

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: GREGORY S. CARTER P 01/09/2006