

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 205409

FILED  
Jan 04, 2010  
Secretary of State

**Entity Name:** CARTER'S ORTEGA PHARMACY, INC.

**Current Principal Place of Business:**

2923 CORINTHIAN AVENUE  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

2923 CORINTHIAN AVENUE  
JACKSONVILLE, FL 32210

**New Mailing Address:**

FEI Number: 59-0813854

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARTER, GREGORY S PRESIDE  
2665 PARK STREET  
JACKSONVILLE, FL 32204 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CARTER, GREGORY S  
Address: 1865 SALT MYRTLE LANE  
City-St-Zip: ORANGE PARK, FL 32003

Title: S  
Name: CARTER, MARY JANE  
Address: 1865 SALT MYRTLE LANE  
City-St-Zip: ORANGE PARK, FL 32003

Title: T  
Name: DOUGHFMAN, JAMES  
Address: 1247 HARBOUR TOWN DR  
City-St-Zip: ORANGE PARK, FL 32065

I hereby 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 all other like empowered.

SIGNATURE: JAMES DOUGHFMAN

T

01/04/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date