## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 259348** 

FILED Feb 06, 2009 Secretary of State

Entity Name: BROWNING'S PHARMACY AND HEALTH CARE, INC.

urrent P	rincipal Place	OT BUSINESS:	New Principal Place	or Business:
	ISCUS BLVD RNE, FL 32901	US		
urrent M	lailing Address	<b>::</b>	New Mailing Addres	s:
	ISCUS BLVD RNE, FL 32901	US		
El Number	: 59-0968152	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	l Address of Ci	ırrent Registered Agent:	Name and Address of	of New Registered Agent:
41 E HIB	NG, GEORGE ISCUS BLVD RNE, FL 32901	US		
	e named entity so e of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
	e of Florida.	ubmits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
the State	e of Florida. RE:	ubmits this statement for the place of Signature of Registered Ag		od office or registered agent, or both,  Date
the State	e of Florida.  RE: Electroni			
n the State	e of Florida.  RE: Electroni	c Signature of Registered Ag Trust Fund Contribution ( ).	ent	
n the State	e of Florida.  RE: Electroni  mpaign Financing  S AND DIRECT	c Signature of Registered Ag  Trust Fund Contribution ( ).  CORS:  Delete  ORGE PD BLVD	ent	Date
n the State SIGNATUI  Ilection Car  DFFICER  ittle: ame: ddress:	e of Florida.  RE: Electroni  mpaign Financing  S AND DIRECT  PD ()  BROWNING, GE 141 E HIBISCUS MELBOURNE, F	C Signature of Registered Ag Trust Fund Contribution ( ).  ORS: Delete ORGE PD BLVD L 32901 Delete ANNINE	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify 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: COLLEEN HUNTER CFO 02/06/2009