

**2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 360040

**FILED  
May 18, 2010  
Secretary of State**

**Entity Name:** HABANA HOSPITAL PHARMACY, INC.

**Current Principal Place of Business:**

4710 N. HABANA AVE.  
SUITE 101  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

4710 N. HABANA AVE.  
SUITE 101  
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:** 59-1296170      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DYKES, WALTER E  
4710 N. HABANA AVE., SUITE 101  
TAMPA, FL 33614    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

**OFFICERS AND DIRECTORS:**

**Title:** OD  
**Name:** DYKES, WALTER E  
**Address:** 11212 CARROLLWOOD DRIVE  
**City-St-Zip:** TAMPA, FL 33618

**Title:** SEC  
**Name:** DYKES, RONDA L  
**Address:** 10702 LAKE CARROLL WAY  
**City-St-Zip:** TAMPA, FL 33618

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: WALTER E DYKES

OD

05/18/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date