

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 360040

FILED
Feb 18, 2011
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

Title: VP
Name: DYKES, WALTER E II
Address: 10702 LAKE CARROLL WAY
City-St-Zip: TAMPA, FL 33618

Title: TRES
Name: BROOKS, STEPHANIE
Address: 18975 CROOKED LANE
City-St-Zip: LUTZ, FL 33648

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

02/18/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date