2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# 381294

Entity Name: COLLEGE HILL PHARMACY, INC.

Current Principal Place of Business:

3503 N 22 ST
P. O. BOX 76045
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

3503 N 22 ST
P. O. BOX 76045
TAMPA, FL 33605

New Mailing Address:

FEI Number: 59-1348358 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMILTON III, FRANK E
712 W PLATT STR
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

HAMILTON III, FRANK E
106 S ARMENIA AVENUE
TAMPA, FL 33606 US

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: _____ 04/18/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HARVEY JR,PERRY C,
Address: 3503 N. 22 STREET
City-St-Zip: TAMPA, FL

Title: SD ( ) Delete
Name: BROWN, RUTH H.,
Address: 3503 N. 22 STREET
City-St-Zip: TAMPA, FL

Title: VP ( ) Delete
Name: HARVEY, GUSTAVA B
Address: 203 N. WILLOW AVE.
City-St-Zip: TAMPA, FL

Title: D ( ) Delete
Name: KEEL, DOROTHY H
Address: 6705 N. 32ND STREET
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HARVEY JR,PERRY C,
Address: 3503 N. 22 STREET
City-St-Zip: TAMPA, FL 33605 US

Title: SD (X) Change ( ) Addition
Name: BROWN, RUTH H.,
Address: 3503 N. 22 STREET
City-St-Zip: TAMPA, FL 33605 US

Title: VP (X) Change ( ) Addition
Name: HARVEY, GUSTAVA B
Address: 203 N. WILLOW AVE.
City-St-Zip: TAMPA, FL 33606 US

Title: D (X) Change ( ) Addition
Name: KEEL, DOROTHY H
Address: 6705 N. 32ND STREET
City-St-Zip: TAMPA, FL 33610 US

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: RUTH H. BROWN SD 04/18/2008
Electronic Signature of Signing Officer or Director — Date