2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2011
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:

3503 N 22ND ST
TAMPA, FL 33605

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
106 S ARMENIA AVENUE
TAMPA, FL 33606 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: PD
Name: HARVEY JR,PERRY C
Address: 3503 N. 22 STREET
City-St-Zip: TAMPA, FL 33605 US

Title: VP
Name: BROWN, RUTH H.
Address: 2516 E 19TH AVENUE
City-St-Zip: TAMPA, FL 33605 US

Title: SD
Name: HARVEY, GUSTAVA B
Address: 903 N. WILLOW AVENUE
City-St-Zip: TAMPA, FL 33607 US

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

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: GUSTAVA HARVEY SD 08/24/2011

Electronic Signature of Signing Officer or Director — Date