


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 393365**

1. Entity Name  
**KEYSTONE POINT MEDICAL PHARMACY, INC.**



Principal Place of Business      Mailing Address

**1015 KANE CONCOURSE**      **1015 KANE CONCOURSE**  
**BAY HARBOR ISLANDS, FL 33154 US**      **BAY HARBOR ISLANDS, FL 33154 US**

**DO NOT WRITE IN THIS SPACE**



02042006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-1371283**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BLANCHE, PRINE**  
**6051 N. BAY ROAD**  
**MIAMI BEACH, FL 33140**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	PRINE, MELVIN B.
NAME		
STREET ADDRESS		6051 N BAY RD
CITY-ST-ZIP		MIAMI BEACH, FL 33140
TITLE	ST	PRINE, BLANCHE
NAME		
STREET ADDRESS		6051 N BAY RD
CITY-ST-ZIP		MIAMI BEACH, FL 33140
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

100000433720  
 02/24/06-80028-023 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Blanche Prine      2/9/06      305-445-3746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #