
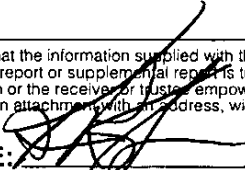


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90211 031 \*\*\*150.00

|  |   |                                 |   |   |  |
|--|---|---------------------------------|---|---|--|
| <b>DOCUMENT # 627463</b><br>1. Entity Name<br><b>OCEAN SIDE PHARMACY, INC.</b>   |   |                                 |   |    |  |
| Principal Place of Business<br><b>1118 COLONNADES DRIVE<br/>FT PIERCE, FL 34949</b>  |   |                                 | Mailing Address<br><b>1118 COLONNADES DRIVE<br/>FT PIERCE, FL 34949</b> |   |  |
| 2. Principal Place of Business   |   |                                 | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.  |   |                                 | Suite, Apt. #, etc.   |   |  |
| City & State   |   |                                 | City & State  |   |  |
| Zip  |   | Country                         |   | Zip   |  |
| Country  |   | Country                         |   | 4. FEI Number<br><b>59-1913520</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |                                 |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SESKIN, LARRIE<br/>601 S.E. DAR LANE<br/>PORT ST. LUCIE, FL 34984</b>  |   |                                 |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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)   |   |                                 |   |   |  |
| <div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2006 Fee will be \$550.00</b> </div> <div>         9. Election Campaign Financing<br/>         Trust Fund Contribution. <input type="checkbox"/> </div> <div> <b>\$5.00 May Be</b><br/> <b>Added to Fees</b> </div> </div>  |   |                                 |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>            |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>SESKIN, LARRIE<br>601 S.E. DAR LANE<br>PORT SAINT LUCIE, FL 34984 | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VSTD<br>SESKIN, KIM<br>601 S.E. DAR LANE<br>PORT SAINT LUCIE, FL 34984  | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | - - -   | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | - - -   | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | - - -   | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | - - -   | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | - - -   | <input type="checkbox"/> Delete |   |   |  |
| 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. |   |                                 |   |   |  |
| <b>SIGNATURE:</b>   |   |                                 |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |                                 |   |   |  |
| <div style="display: flex; justify-content: space-between;"> <div> <b>5/1/06</b><br/>         Date       </div> <div> <b>7724651118</b><br/>         Daytime Phone #       </div> </div>   |   |                                 |   |   |  |