

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 654664

FILED  
Jan 10, 2006  
Secretary of State

Entity Name: INDIAN RIVER PHARMACY, INC.

**Current Principal Place of Business:**

3721 TENTH COURT  
VERO BEACH, FL 32960 US

**New Principal Place of Business:**

**Current Mailing Address:**

3721 10TH COURT  
VERO BEACH, FL 32960 US

**New Mailing Address:**

FEI Number: 59-1985593

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DECRESCENZO, GREGORY  
3721 10TH CT  
VERO BEACH, FL 32960 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DECRESCENZO, GREGORY  
Address: 3721 10TH COURT  
City-St-Zip: VERO BEACH, FL 32960

Title: DST ( ) Delete  
Name: DECRESCENZO, MARY  
Address: 3721 10TH COURT  
City-St-Zip: VERO BEACH, FL 32960

Title: VP ( ) Delete  
Name: DECRESCENZO, KATHERINE  
Address: 110 WATERWAY LANE  
City-St-Zip: VERO BEACH, FL 32963

Title: VP ( ) Delete  
Name: DECRESCENZO, LISA  
Address: 110 WATERWAY LANE  
City-St-Zip: VERO BEACH, FL 32963

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY DECRESCENZO

DST

01/10/2006

Electronic Signature of Signing Officer or Director

Date