

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 654664

FILED
Feb 13, 2007
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

02/13/2007

Electronic Signature of Signing Officer or Director

Date