


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90028 047 ****61.25

DOCUMENT # 755576	
1. Entity Name THE FLORIDA PHARMACY FOUNDATION, INC.	

Principal Place of Business 610 NORTH ADAMS ST TALLAHASSEE FL 32301	Mailing Address 610 NORTH ADAMS ST TALLAHASSEE FL 32301
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent POWERS, PATSY J 610 NORTH ADAMS STREET TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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4. FEI Number 59-2190074	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining.) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME TOWER, AL STREET ADDRESS 7327 DANBURY WAY CITY ST ZIP CLEARWATER FL 33764	<input type="checkbox"/> Delete	TITLE NAME Cynthia Mincy STREET ADDRESS 3375-I Capital Circle CITY ST ZIP Tallahassee, FL 32308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME JAFFRY, ED STREET ADDRESS 106 E COLLEGE AVE CITY ST ZIP TALLAHASSEE FL 32301	<input checked="" type="checkbox"/> Delete	TITLE NAME Gary Koesten, MS, RPh STREET ADDRESS PetMeds 1441 SW 29 th Ave CITY ST ZIP Pompano Beach, FL 33069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME JACKSON, MICHAEL A. STREET ADDRESS 610 NORTH ADAMS STREET CITY ST ZIP TALLAHASSEE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HUGUENIN, LARRY STREET ADDRESS 738 KNOLLVIEW BLVD. CITY ST ZIP ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SCHMIDT, TODD STREET ADDRESS 1455 SEABAY RD CITY ST ZIP FORT LAUDERDALE FL 33326-3328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ED NAME POWERS, PATSEY J STREET ADDRESS 610 NORTH ADAMS STREET CITY ST ZIP TALLAHASSEE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: *Patsy J. Powers* - P. POWERS *2-13-07* *222-2400*