

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001940

Entity Name: LIBERTY PHARMACY, INC.

FILED
Aug 19, 2008
Secretary of State

Current Principal Place of Business:

10400 S. US HIGHWAY 1, STE. 100
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

10400 S. US HIGHWAY 1, STE. 100
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 06-1687501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: MARK, ROBERT N
Address: 1976 NE RIVER CT
City-St-Zip: JENSEN BEACH, FL 34957

Title: D () Delete
Name: FARRELL, STEPHEN C
Address: 8 MINUTE MAN LANE
City-St-Zip: LEXINGTON, MA 02421

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: JONES, KEITH
Address: 10045 S. HIGHWAY 1, STE. 100
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: S (X) Change () Addition
Name: STARR, JON
Address: 8881 LIBERTY LANE
City-St-Zip: PORT ST. LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify 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: KEITH JONES

P/D

08/19/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date