APR. 13. 2006 3:00PM NO. 6602 P. 4

# FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # F04000002799

1. Entity Name
PORTLAND PROFESSIONAL PHARMACY INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 53 DARLING AVENUE<br>SOUTH PORTLAND, ME 04106 | 26 HARBOR PARK DRIVE<br>PORT WASHINGTON, NY 11050 |

**DO NOT WRITE IN THIS SPACE**

04132006 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0487320

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!! FEE IS $150.00**
**After May 1, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | SMITH, JAMES |
| STREET ADDRESS | 26 HARBOR PARK DR. |
| CITY-ST-ZIP | PORT WASHINGTON, NY 11050 |
| TITLE | DT |
| NAME | ~~FLEISCHER-STUART~~ Diamond, Stuart |
| STREET ADDRESS | 26 HARBOR PARK DR. |
| CITY-ST-ZIP | PORT WASHINGTON, NY 11050 |
| TITLE | P |
| NAME | ADKISON, MARK A |
| STREET ADDRESS | 53 DARLING AVENUE |
| CITY-ST-ZIP | SOUTH PORTLAND, ME 04106 |
| TITLE | S |
| NAME | FRIEDMAN, JONATHAN |
| STREET ADDRESS | 26 HARBOR PARK DRIVE |
| CITY-ST-ZIP | PORT WASHINGTON, NY 11050 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/08/06-80072-017 150.00

**DO NOT WRITE IN THIS SPACE**

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.

**SIGNATURE:** Jonathan Friedman Jonathan Friedman 4/25/06 516-605-6763
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR — Date — Daytime Phone #