

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002800

FILED
May 10, 2005
Secretary of State

Entity Name: PORTLAND PROFESSIONAL PHARMACY ASSOCIATES INC.

Current Principal Place of Business:

53 DARLING AVENUE
SOUTH PORTLAND, ME 04106

New Principal Place of Business:

Current Mailing Address:

26 HARBOR PARK DRIVE
PORT WASHINGTON, NY 11050

New Mailing Address:

FEI Number: 01-0516051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: D () Delete
Name: BIGL, JAMES
Address: 26 HARBOR PARK DRIVE
City-St-Zip: PORT WASHINGTON, NY 11050

Title: DT () Delete
Name: GERSHEN, DAVID
Address: 26 HARBOR PARK DRIVE
City-St-Zip: PORT WASHINGTON, NY 11050

Title: S () Delete
Name: FRIEDMAN, JONATHAN
Address: 26 HARBOR PARK DRIVE
City-St-Zip: PORT WASHINGTON, NY 11050

Title: P () Delete
Name: ADKISON, MARK A
Address: 53 DARLING AVENUE
City-St-Zip: SOUTH PORTLAND, ME 04106

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SMITH, JAMES
Address: 26 HARBOR PARK DRIVE
City-St-Zip: PORT WASHINGTON, NY 11050

Title: DT (X) Change () Addition
Name: FLEISCHER, STUART
Address: 26 HARBOR PARK DRIVE
City-St-Zip: PORT WASHINGTON, NY 11050

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 Section 119.07(3)(i), 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: JONATHAN FRIEDMAN

SECY

05/10/2005

Electronic Signature of Signing Officer or Director

_____ Date