

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002800

FILED  
Apr 22, 2009  
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:**

2441 WARRENVILLE ROAD, SUITE 610  
LISLE, IL 60532

**FEI Number:** 01-0516051

**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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: ERICKSON, THOMAS W  
Address: 26 HARBOR PARK DRIVE  
City-St-Zip: PORT WASHINGTON, NY 11050

Title: CFO ( ) Delete  
Name: DIAMOND, STUART  
Address: 26 HARBOR PARK DRIVE  
City-St-Zip: PORT WASHINGTON, NY 11050

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: THIERER, MARK  
Address: 2441 WARRENVILLE ROAD, SUITE 610  
City-St-Zip: LISLE, IL 60532

Title: TSD (X) Change ( ) Addition  
Name: PARK, JEFFREY  
Address: 2441 WARRENVILLE ROAD, SUITE 610  
City-St-Zip: LISLE, IL 60532

Title: V (X) Change ( ) Addition  
Name: ADKISON, MARK  
Address: 53 DARLING AVENUE  
City-St-Zip: SOUTH PORTLAND, ME 04106

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:** JEFFREY PARK

TSD

04/22/2009

Electronic Signature of Signing Officer or Director

Date