

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004470

FILED  
Jan 09, 2006  
Secretary of State

**Entity Name:** ADVANCED PHARMACY CONCEPTS, INC.

**Current Principal Place of Business:**

1130 TEN ROD ROAD  
BLDG. D, SUITE 206  
N. KINGSTOWN, RI 02852

**New Principal Place of Business:**

**Current Mailing Address:**

1130 TEN ROD ROAD  
BLDG. D, SUITE 206  
N. KINGSTOWN, RI 02852

**New Mailing Address:**

**FEI Number:** 06-1475741

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAYDEN, NANCY  
10784 FIELDFAIR DRIVE  
NAPLES, FL 34119 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:** CP ( ) Delete  
**Name:** MCDONOUGH, KIMBERLY P  
**Address:** 33 STANDISH ROAD  
**City-St-Zip:** JAMESTOWN, RI 02835

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

**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 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:** KIMBERLY MCDONOUGH

CP

01/09/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date