

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # F57484

1. Entity Name
PARKWOOD PHARMACY, INC.



Principal Place of Business
**7920 CONGRESS ST
PORT RICHEY, FL 34668 US**

Mailing Address
**PO BOX 1029
NEW PORT RICHEY, FL 34656-1029**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2152502

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VINCENT JAMES F.
5124 MILLER BAYOU DR
PORT RICHEY, FL 34668**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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 Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD VINCENT, JAMES F 5124 MILLER BAUOU DR PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VINCENT, MICHAEL J 30 CYPRESS DRIVE PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/06/06-80138-008 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____