2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G04434

City-St-Zip: ATLANTIC BEACH, FL 32233

Entity Name: NORTH BEACHES PHARMACY, INC.

FILED Jan 20, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
1510 PENMAN ROAD JACKSONVILLE BEAC	H, FL 32250 US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
1510 PENMAN ROAD JACKSONVILLE BEAC	H, FL 32250 US			
FEI Number: 59-2230796	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
POLAND, R. MICHAEL 2333 BEACHCOMBER ATLANTIC BEACH, FL	TRAIL			
The above named entity in the State of Florida.	y submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electro	onic Signature of Registered Ag	gent	Date	
Election Campaign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Name: POLAND, MIC	() Delete CHAEL, COMBER TRAIL	Title: (Name: Address:	() Change () Addition	

City-St-Zip:

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: MICHAEL POLAND OWNE 01/20/2009