

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G92448

Entity Name: HILLIARD PHARMACY, INC.

FILED  
Feb 17, 2011  
Secretary of State

**Current Principal Place of Business:**

551770 US HWY 1  
HILLIARD, FL 32046

**New Principal Place of Business:**

**Current Mailing Address:**

551770 US HWY 1  
P.O. BOX 250  
HILLIARD, FL 32046

**New Mailing Address:**

FEI Number: 59-2395236

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THIGPEN, KAREN W MRS.  
551770 US HWY 1  
HILLIARD, FL 32046 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

**OFFICERS AND DIRECTORS:**

Title: ST  
Name: WAINRIGHT, MARION  
Address: MATTHEW RD.  
City-St-Zip: FOLKSTON, GA 31537

Title: V  
Name: WAINRIGHT, DIANE  
Address: MATTHEW RD.  
City-St-Zip: FOLKSTON, GA 31537

Title: P  
Name: THIGPEN, KAREN W.  
Address: 211 KINGSLAND DR  
City-St-Zip: FOLKSTON, GA 31537

I hereby 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 all other like empowered.

SIGNATURE: KAREN W. THIGPEN

PRES

02/17/2011

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

\_\_\_\_\_  
Date