2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004
Secretary of State

DOCUMENT# H13682

Entity Name: GATEWAY PRESCRIPTION CENTER, INC.

Current Principal Place of Business:

BAYA PHARMACY WEST
780 SE BAYA DR
LAKE CITY, FL 32025 US

New Principal Place of Business:

Current Mailing Address:

BAYA PHARMACY WEST
780 SE BAYA DR
LAKE CITY, FL 32025 US

New Mailing Address:

FEI Number: 59-2435745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORRIS, JOHN E
253 NW MAIN BLVD
LAKE CITY, FL 32055 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ALLISON, CARL,
Address: RT 8 BOX 822
City-St-Zip: LAKE CITY, FL 32055

Title: DS ( ) Delete
Name: ALLISON, JOAN
Address: RT 8 BOX 822
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: ALLISON, CARL,
Address: 884 NW SCENIC LAKE DRIVE
City-St-Zip: LAKE CITY, FL 32055

Title: DS (X) Change ( ) Addition
Name: ALLISON, JOAN
Address: 884 NW SCENIC LAKE DR
City-St-Zip: LAKE CITY, FL 32055

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CARL ALLISON DP 07/12/2004

Electronic Signature of Signing Officer or Director Date