

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # H36446 1. Entity Name HILLMOOR PLAZA PHARMACY, INC.	
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Principal Place of Business 2317 OKEECHOBEE RD FORT PIERCE, FL 34950 US	Mailing Address 2317 OKEECHOBEE RD FORT PIERCE, FL 34950 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED

06 AUG 14 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08022006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2473780	Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

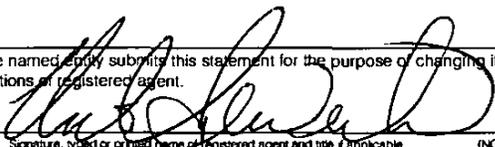
6. Name and Address of Current Registered Agent

JACKSON, KENNETH
2301 OKEECHOBEE ROAD
FT. PIERCE, FL 34950

7. Name and Address of New Registered Agent

Name: WEIDEMAN, VICTORIA
Street Address (P.O. Box Number is Not Acceptable): 2317 OKEECHOBEE RD
City: FORT PIERCE FL Zip Code: 34950

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:  DATE: 8/10/06

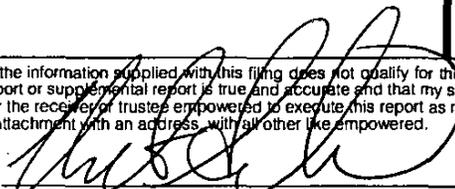
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, KENNETH <input checked="" type="checkbox"/> Delete 2301 OKEECHOBEE RD FT PIERCCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Delete SIANO, DOMINIC 2025 MIMOSA AVENUE FT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WEIDEMAN, VICTORIA 2317 OKEECHOBEE RD FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800078994638 08/22/06--01032--007 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: 8/10/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #