

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # H36446 1. Entity Name HILLMOOR PLAZA PHARMACY, INC.						FILED 06 AUG 14 AM 8:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2317 OKEECHOBEE RD FORT PIERCE, FL 34950 US				Mailing Address 2317 OKEECHOBEE RD FORT PIERCE, FL 34950 US			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
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			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JACKSON, KENNETH 2301 OKEECHOBEE RD FT PIERCE, FL 34950	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD WEIDEMAN, VICTORIA 2317 OKEECHOBEE RD FORT PIERCE, FL 34950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SIANO, DOMINIC 2025 MIMOSA AVENUE FT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	800078994638 08/22/06--01032--007 **\$61.25		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			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"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			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			