## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H36446

FILED Jul 21, 2009 Secretary of State

Entity Name: HILLMOOR PLAZA PHARMACY INC

-intity Nai	ile. FileLiviOOF	R FLAZA FHARIVIACT, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
300 VIRGII SUITE 31		US			
	RCE, FL 34982				
Current M	ailing Address	::	New Mailing Address	<b>5:</b>	
300 VIRGII SUITE 31 FORT PIEI	NIA AVE. RCE, FL 34982	US			
El Number:	59-2473780	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:					
The above	E, FL 34982 U named entity su e of Florida.		ourpose of changing its registered	d office or registered agent, or both,	
	Electronic	Signature of Registered Age	ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: City-St-Zip:	PSD ()[ WEIDEMAN, VIC 800 VIRGINIA AV FORT PIERCE, F	'E.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Fitle: Name: Address: City-St-Zip:	T () [ WEIDEMAN, JOH 800 VIRGINIA AV FORT PIERCE, F	Æ.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: JOHN R WEIDEMAN JR T 07/21/2009