


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90030 003 \*\*\*150.00

DOCUMENT # H40326		
1. Entity Name MEDIC PHARMACY, INC.		

Principal Place of Business 5150 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308	Mailing Address 5150 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308
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50000974



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01122007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2486711		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KAPLAN, MICHAEL 5100 WEST COMMERCIAL BLVD TAMARAC, FL 33319		7. Name and Address of New Registered Agent Name: Michael KAPLAN Street Address (P.O. Box Number is Not Acceptable): 5150 NORTH FEDERAL HIGHWAY City: Fort Lauderdale FL Zip Code: 33308	
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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: Michael Kaplan MICHAEL KAPLAN, PRES. 1/15/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$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	DP KAPLAN, MICHAEL 2709 NE 35TH DR. FORT LAUDERDALE, FL 33308 <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	D KAPLAN, GAIL 2709 NE 35TH AVE. FORT LAUDERDALE, FL 33308 <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: Michael Kaplan MICHAEL KAPLAN 1/15/07 954-484-4200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #