2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# H57689

Entity Name: BUNNELL PHARMACY, INC.

Current Principal Place of Business:

MEDICAL ARTS BUILDING
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

3735 CORGAN RD
DELAND, FL 32724

New Mailing Address:

FEI Number: 59-2529935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORGAN, JOSEPH
3735 CORGAN RD
DELAND, FL 32724 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CORGAN, JOSEPH
Address: 3735 CORGAN RD
City-St-Zip: DELAND, FL 32724

Title: VD ( ) Delete
Name: POLLIO, GEORGE,
Address: 346 N. 12TH ST.
City-St-Zip: FLAGLER BEACH, FL

Title: SD ( ) Delete
Name: MINIX, WALTER J
Address: 5 LEWIS ST
City-St-Zip: EDGEWATER, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: POLLIO, GEORGE
Address: 346 N. 12TH ST.
City-St-Zip: FLAGLER BEACH, FL 32141

Title: SD (X) Change ( ) Addition
Name: MINIX, WALTER
Address: 5 LEWIS ST
City-St-Zip: EDGEWATER, FL 32724

Title: D ( ) Change (X) Addition
Name: CORGAN, CAROL ANN
Address: 3735 CORGAN RD.
City-St-Zip: DELAND, FL 32724

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: JOSEPH S. CORGAN PRES 01/22/2009

Electronic Signature of Signing Officer or Director — Date