

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H78562

FILED
Mar 18, 2009
Secretary of State

Entity Name: THE TOWERS PHARMACY, INC.

Current Principal Place of Business:

1717 N "E" ST., SUITE 320
PENSACOLA, FL 325016335 US

New Principal Place of Business:

1717 NORTH E ST
PENSACOLA, FL 325016335 US

Current Mailing Address:

1717 N "E" ST
STE 320, ATTN J KEHOE
PENSACOLA, FL 32501 US

New Mailing Address:

1717 NORTH E ST
STE 320, ATTN J KEHOE
PENSACOLA, FL 32501 US

FEI Number: 59-2667929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTER, JOHN
1717 N. E ST.
STE. 320
PENSACOLA, FL 32501 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: C () Delete
Name: PORTER, JOHN
Address: 1717 N. E. ST., STE. 320
City-St-Zip: PENSACOLA, FL 32501

Title: AS () Delete
Name: YADEN, DEBRA
Address: 1717 N. E. ST. STE. 320
City-St-Zip: PENSACOLA, FL 32501

Title: STD () Delete
Name: MCGEE, ELEANOR,
Address: 1540 GLENNA LANE
City-St-Zip: CANTONMENT, FL

Title: VP () Delete
Name: WILSON, BOB
Address: 1717 N.
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PORTER, JOHN
Address: 1717 N. E. ST., STE. 320
City-St-Zip: PENSACOLA, FL 32501

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

Title: T (X) Change () Addition
Name: MCGEE, ELEANOR
Address: 1717 NORTH E ST, STE 321
City-St-Zip: PENSACOLA, FL 32501

Title: VP (X) Change () Addition
Name: WILSON, BOB
Address: 1717 NORTH E ST
City-St-Zip: PENSACOLA, FL 32501

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: DEBRA YADEN

AS

03/18/2009

Electronic Signature of Signing Officer or Director

Date