

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H99871

Entity Name: M.C. DRUGS, INC.

FILED
Feb 06, 2007
Secretary of State

Current Principal Place of Business:

% ALAN SIMCICH
228 U.S. HWY ONE
LAKE PARK, FL 33403

New Principal Place of Business:

ROBALO PHARMACY
228 U.S. HWY ONE
LAKE PARK, FL 33403

Current Mailing Address:

% ALAN SIMCICH
228 U.S. HWY ONE
LAKE PARK, FL 33403

New Mailing Address:

FEI Number: 59-2675470 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMCICH, ALAN
228 U.S. HWY ONE
LAKE PARK, FL 33403 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: V () Delete
Name: SIMCICH, CATHERINE A, MATO
Address: 228 US HWY ONE
City-St-Zip: LAKE PARK, FL 33403

Title: PMC () Delete
Name: SIMCICH, ALAN,
Address: 228 US #1
City-St-Zip: LAKE PARK, FL 33403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ALAN F. SIMCICH R.PH. (PRESIDENT)

PRES

02/06/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date