



FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # J32304 1. Entity Name DEAN'S DRUGS OF KEYSTONE HEIGHTS, INC.			
Principal Place of Business 6461 BAKER ROAD KEYSTONE HEIGHTS, FL 32656		Mailing Address P O BOX 1569 KEYSTONE HGTS, FL 32656 US	
DO NOT WRITE IN THIS SPACE		 04082008 No Chg-P CR2E034 (11/05) 4. FEI Number 59-2715914 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEAN, LAURA G. 6461 BAKER RD KEYSTONE HGTS, FL 32656		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP DST DEAN, PHILIP T. 6461 BAKER RD KEYSTONE HGTS, FL DP DEAN, LAURA G. 6461 BAKER RD KEYSTONE HGTS, FL D DEAN, RHETT 661 LEE RD 2038 NOTASULGA, AL 36866 D DEAN, JUSTIN 1392 SE 21 B MELROSE, FL 32666		11. 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. DO NOT WRITE IN THIS SPACE	
SIGNATURE: <i>Laura Dean</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-8-08 352-475-2094 Date Daytime Phone #	