


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J90821**

1. Entity Name  
 HOME CARE PHARMACY OF PALM COAST, INC.



Principal Place of Business  
 6 FLORIDA PARK DR.  
 PALM COAST, FL 32137

Mailing Address  
 6 FLORIDA PARK DR.  
 PALM COAST, FL 32137



01162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-2845068 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POLLIO, GEORGE  
 346 N. 12TH ST.  
 FLAGLER BEACH, FL 32136

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	POLLIO, GEORGE
STREET ADDRESS	346 N. 12TH ST.
CITY-ST-ZIP	FLAGLER BEACH, FL
TITLE	D
NAME	MINIX, WALKER JR.
STREET ADDRESS	194 LEWIS ST
CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	PD
NAME	CORGAN, JOSEPH
STREET ADDRESS	3735 CORGAN RD.
CITY-ST-ZIP	DELAND, FL 32724
TITLE	D
NAME	CORGAN, CAROL ANN
STREET ADDRESS	3735 CORGAN RD.
CITY-ST-ZIP	DELAND, FL 32724
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

02/02/06-80016-024 150.00

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: Joseph S. Corgan 1-25-06 3867369775  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JOSEPH S. CORGAN