


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 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**

DO NOT WRITE IN THIS SPACE



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2845068	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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02/05/07-80032-019 150.00

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IN THIS SPACE**

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 **JOSEPH S. CORGAN** 1-25-07 386 4451212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #