


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 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
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01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2845068	Applied For Not Applicab
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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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 02/06/08-80050-013 150.00

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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 1-28-08 386-445-