

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J90821

FILED  
Jan 21, 2011  
Secretary of State

**Entity Name:** HOME CARE PHARMACY OF PALM COAST, INC.

**Current Principal Place of Business:**

6 FLORIDA PARK DR. N.  
SUITE A  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

6 FLORIDA PARK DR. N.  
SUITE A  
PALM COAST, FL 32137

**New Mailing Address:**

**FEI Number:** 59-2845068

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DT  
Name: POLLIO, GEORGE  
Address: 346 N. 12TH ST.  
City-St-Zip: FLAGLER BEACH, FL 32724

Title: D  
Name: MINIX, WALTER  
Address: 194 LEWIS ST  
City-St-Zip: EDGEWATER, FL 32141

Title: PD  
Name: CORGAN, JOSEPH S  
Address: 3735 CORGAN RD.  
City-St-Zip: DELAND, FL 32724

Title: D  
Name: CORGAN, CAROL ANN  
Address: 3735 CORGAN RD.  
City-St-Zip: DELAND, FL 32724

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH S CORGAN

PRES

01/21/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date