

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K03112

1. Entity Name
PHARMACIST PREFERRED, INC.



Principal Place of Business
3375 - I CAPITAL CIR NE
TALLAHASSEE, FL 32308

Mailing Address
3375 - I CAPITAL CIR NE
TALLAHASSEE, FL 32308

FILED

06 APR 27 AM 11:23

STATE
TALLAHASSEE, FLORIDA



04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3019781

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FUCARINO, DAN
3375-I CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

**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 _____

**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 C
NAME FUCARINO, DAN
STREET ADDRESS ~~3375-I CAPITAL CIR NE~~ 10205 LAKE CARROLL WAY
CITY-ST-ZIP TALLAHASSEE, FL 32308 TAMPA, FL 33618

TITLE T
NAME BURNSIDE, ROBERT H
STREET ADDRESS ~~3375-I CAPITAL CIR NE~~ 6 TWICKENHAM CT.
CITY-ST-ZIP TALLAHASSEE, FL 32308 COLUMBIA, SC 29204

TITLE D
NAME STAMITOLES, MIKE
STREET ADDRESS 2830 INVERNESS CT.
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE S
NAME PARKER, RON
STREET ADDRESS ~~3375-I CAPITAL CIRCLE NE~~ 5020 COMMERCIAL PARK CIR
CITY-ST-ZIP TALLAHASSEE, FL 32308 PENSACOLA, FL 32505

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700074149597
05/08/06--01015--020 **450.00

Handwritten signature/initials

**DO NOT WRITE
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: *Cynthia Mincy* CYNTHIA MINCY 04-21-06 850-456-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #