

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# K19517

FILED
Nov 05, 2009
Secretary of State**Entity Name:** MY PHARMACY OF HOMESTEAD, INC.**Current Principal Place of Business:**806 N. KROME AVE
HOMESTEAD, FL 33030**New Principal Place of Business:****Current Mailing Address:**806 N. KROME AVE
HOMESTEAD, FL 33030**New Mailing Address:****FEI Number:** 65-0037050**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SCHIFF, JAMES M.
9130 S DADELNAD BLVD
2 DATRAN CTR, STE 1609
MIAMI, FL 33156 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: D () Delete
Name: WARSHOFSKY, GERALD
Address: 806 NORTH KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: SMITH, ORIN E.
Address: 806 NORTH KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: V () Delete
Name: MARCKIOLI, ROBERT
Address: 806 N. KROME AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: V () Delete
Name: WARSHOFSKY, DAVID
Address: 806 NORTH KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change () Addition
Name: WARSHOFSKY, GERALD
Address: 806 NORTH KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: PRES (X) Change () Addition
Name: SMITH, ORIN E.
Address: 806 NORTH KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: SMITH, JASON
Address: 806 NORTH KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID WARSHOFSKY

V

11/05/2009

Electronic Signature of Signing Officer or Director

Date