2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 11, 2010
Secretary of State

DOCUMENT# K19517

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 ( )**

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: SEC
Name: WARSHOFSKY, GERALD
Address: 806 NORTH KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030

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

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

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

Title: V
Name: SMITH, JASON
Address: 806 NORTH KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030

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: DAVID WARSHOFSKY V 03/11/2010

Electronic Signature of Signing Officer or Director — Date