

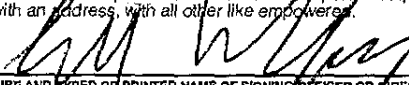


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

|   |   |   |                                    |  |   |  |
|---|---|---|------------------------------------|--|---|--|
| <b>DOCUMENT # K45205</b>  |   |    |                                    |  |   |  |
| 1. Entity Name<br><b>MY PHARMACY HOME HEALTH CARE, INC.</b>   |   |   |                                    |  |   |  |
| Principal Place of Business<br><b>15043 S. DIXIE HWY.<br/>MIAMI, FL 33176</b>   | Mailing Address<br><b>15043 S. DIXIE HWY.<br/>MIAMI, FL 33176</b> | <br><br>01102005 No Chg-P CR2E034 (10/03)<br><table border="1" style="width:100%"><tr><td>4. FEI Number<br/><b>65-0090810</b></td><td>Applied For<br/><input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b></td></tr></table> | 4. FEI Number<br><b>65-0090810</b> | Applied For<br><input type="checkbox"/> Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 4. FEI Number<br><b>65-0090810</b>  | Applied For<br><input type="checkbox"/> Not Applicable            |   |                                    |  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |   |                                    |  |   |  |
| <b>DO NOT WRITE IN THIS SPACE</b>   |   |   |                                    |  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SCHIFF, JAMES M.<br/>9100 S. DADELAND BLVD.<br/>SUITE 1010<br/>MIAMI, FL 33156</b>  |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |                                    |  |   |  |
| 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE _____</small>  |   |   |                                    |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b>  |                                    |  |   |  |
| 10. OFFICERS AND DIRECTORS  |   |   |                                    |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | P<br>WARSHOFSKY, GERALD<br>15043 S. DIXIE HWY.<br>MIAMI, FL       |   |                                    |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | S<br>SMITH, ORIN<br>15043 S DIXIE HWY<br>MIAMI, FL                |   |                                    |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |   |                                    |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |   |                                    |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |   |                                    |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |   |                                    |  |   |  |
| <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |   |   |                                    |  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | <b>1-22-07 305-238-2774</b><br><small>Date Daytime Phone #</small>  |                                    |  |   |  |