

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90088 043 ***150.00

DOCUMENT # L29299

1. Entity Name
SETON PHARMACY, INC.



Principal Place of Business
**C/O LAURIE S TEPPERT
1801 BARRS STREET SUITE 615
JACKSONVILLE, FL 32204 US**

Mailing Address
**C/O LAURIE S TEPPERT
1801 BARRS STREET SUITE 615
JACKSONVILLE, FL 32204 US**

40000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
59-3001427

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TEPPERT, LAURIE S
SVP AND GENERAL COUNSEL
1801 BARRS STREET SUITE 615
JACKSONVILLE, FL 32204**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
MAHER, JOHN J
1801 BARRS STREET SUITE 600
JACKSONVILLE, FL 32204** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
NORMAN, JEFFREY
1801 BARRS STREET
JACKSONVILLE, FL 32204** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

**DVP
WHALEN, SCOTT
1800 BARRS STREET
JACKSONVILLE, FL 32204**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
CORRIGAN, JAMES M
1801 BARRS STREET SUITE 600
JACKSONVILLE, FL 32204** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
PERRY, KENNETH C
1800 BARRS STREET
JACKSONVILLE, FL 32204** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
SINCLAIR, DONNA
1801 BARRS STREET SUITE 600
JACKSONVILLE, FL 32204** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN MAHER

4-10-06

904-308-4002

Date

Daytime Phone #