

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L83677

Entity Name: PALM BAY PHARMACY, INC.

FILED  
Jan 05, 2009  
Secretary of State

## Current Principal Place of Business:

1270 MALABAR RD  
PALM BAY, FL 32907 US

## New Principal Place of Business:

1270 MALABAR RD  
SUITE 2  
PALM BAY, FL 32907 US

## Current Mailing Address:

1270 MALABAR RD  
PALM BAY, FL 32907 US

## New Mailing Address:

1270 MALABAR RD  
SUITE 2  
PALM BAY, FL 32907 US

FEI Number: 59-3019364

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUCALO, CHARLES E.  
3780 LAURETTE RD.  
MERRITT ISLAND, FL 32952 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BUCALO, CHARLES E.,  
Address: 3780 LAURETTE RD.  
City-St-Zip: MERRITT ISLAND, FL

Title: D ( ) Delete  
Name: BUCALO, LYNN A.  
Address: 3780 LAURETTE RD.  
City-St-Zip: MERRITT ISLAND, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BUCALO, CHARLES E.,  
Address: 3780 LAURETTE RD.  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D (X) Change ( ) Addition  
Name: BUCALO, LYNN A.  
Address: 3780 LAURETTE RD.  
City-St-Zip: MERRITT ISLAND, FL 32952

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: CHARLES E. BUCALO

DR

01/05/2009

Electronic Signature of Signing Officer or Director

Date