

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M34674

Entity Name: SUNCOAST PHARMACY, INC.

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

9060 KIMBERLY BLVD
SUITE 38
BOCA RATON, FL 33434 US

New Principal Place of Business:

Current Mailing Address:

10058 SPANISH ISLES BLVD
BAY F-5
BOCA RATON, FL 33498 US

New Mailing Address:

FEI Number: 59-2701205 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOCH, STUART E
C/O BLOCH & MINERLEY, P.L.
980 N FEDERAL HWY
BOCA RATON, FL 33432 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: ACKERMAN, HOWARD
Address: 10289 SPYGLASS WAY
City-St-Zip: BOCA RATON, FL 33498

Title: STD () Delete
Name: ACKERMAN, ARLENE
Address: 10289 SPYGLASS WAY
City-St-Zip: BOCA RATON, FL 33498

Title: PRES () Delete
Name: SALAMON, JEFFREY J
Address: 10619 STONEBRIDGE BLVD.
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PRES (X) Change () Addition
Name: SALAMON, JEFFREY J
Address: 6074 NW 30TH WAY
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFFREY SALAMON

PRES

05/01/2006

Electronic Signature of Signing Officer or Director

Date