## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M34674

Entity Name: SUNCOAST PHARMACY, INC.

Jul 11, 2007 Secretary of State

9060 KIMBERLY BLVD SUITE 38

BOCA RATON, FL 33434 US

**New Mailing Address: Current Mailing Address:** 

1200 S ROGERS CIRCLE 10058 SPANISH ISLES BLVD BAY F-5 SUITE 9 BOCA RATON, FL 33498 US BOCA RATON, FL 33487

US

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

## Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BLOCH, STUART E C/0 BLOCH & MINERLEY, P.L. 980 N FEDERAL HWY BOCA RATON, FL 33432 US

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Delete

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

SALAMON, JEFFREY Name: 6074 NW 30TH WAY Address: City-St-Zip: BOCA RATON, FL 33496

Title: (X) Change ( ) Addition

SALAMON, ROBIN Name: 6074 NW 30TH WAY Address: BOCA RATON, FL 33496 City-St-Zip:

Title: (X) Change ( ) Addition PRFS

LITTEN, JORDAN Name: 8585 TRAILWINDS CT Address: City-St-Zip: BOYNTON BEACH, FL 33437

Title: DIR ( ) Change (X) Addition

LITTEN, KRISTEN Name: Address: 8585 TRAILWINDS CT City-St-Zip: BOYNTON BEACH, FL 33437

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: JEFFREY SALAMON CEO 07/11/2007