2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# M34674

Entity Name: SUNCOAST PHARMACY, INC.

Current Principal Place of Business:

9060 KIMBERLY BLVD
SUITE 38
BOCA RATON, FL 33434 US

New Principal Place of Business:

Current Mailing Address:

1200 S ROGERS CIRCLE
SUITE 9
BOCA RATON, FL 33487 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/0 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

Title: DIR ( ) Delete
Name: SALAMON, ROBIN
Address: 6074 NW 30TH WAY
City-St-Zip: BOCA RATON, FL 33496

Title: PRES ( ) Delete
Name: LITTEN, JORDAN
Address: 8585 TRAILWINDS CT
City-St-Zip: BOYNTON BEACH, FL 33437

Title: DIR ( ) Delete
Name: LITTEN, KRISTEN
Address: 8585 TRAILWINDS CT
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 04/21/2008

Electronic Signature of Signing Officer or Director Date