

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M69174

1. Entity Name  
PREFERRED PHARMACY, INC.



Principal Place of Business  
3375-I CAPITAL CIR NE  
TALLAHASSEE, FL 32308

Mailing Address  
3375-I CAPITAL CIR NE  
TALLAHASSEE, FL 32308

FILED  
06 APR 27 AM 11:24  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



02222006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3019779

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FUCARINO, DAN  
3375-I CAPITAL CIR NE  
TALLAHASSEE, FL 32308

**DO NOT WRITE  
IN THIS SPACE**

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**

TITLE	SD
NAME	FUCARINO, DAN
STREET ADDRESS	3375-I CAPITAL CIRCLE NE 10205 LAKE CARROLL WAY
CITY-ST-ZIP	TALLAHASSEE, FL 32308 TAMPA, FL 33610
TITLE	T
NAME	BURNSIDE, ROBERT H
STREET ADDRESS	3375-I CAPITAL CIRCLE NE 6 TWICKENHAM CT.
CITY-ST-ZIP	TALLAHASSEE, FL 32308 COLUMBIA, SC 29209
TITLE	P
NAME	TANNER MUNCY, CYNTHIA
STREET ADDRESS	3375-I CAPITAL CIRCLE NE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	S
NAME	PARKER, RON
STREET ADDRESS	3375-I CAPITAL CIRCLE NE 5020 COMMERCE PARK CR
CITY-ST-ZIP	TALLAHASSEE, FL 32308 PENSACOLA, FL 32505
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300074149613  
05/08/06--01015--020 \*\*450.00

**DO NOT WRITE  
IN THIS SPACE**

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, with all other like empowered.

SIGNATURE: Cynthia Tanner Muncy CYNTHIA T MINCY

4/21/06

850-656-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #