

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M69174 1. Entity Name PREFERRED PHARMACY, INC.	
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FILED
06 APR 27 AM 11:24
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3375-I CAPITAL CIR NE TALLAHASSEE, FL 32308	Mailing Address 3375-I CAPITAL CIR NE TALLAHASSEE, FL 32308
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02222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3019779	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<i>ACB</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

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 Muncy* CYNTHIA T MINCY 4/21/06 850-456-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #