


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90175 033 ****75.00

DOCUMENT # N01000007656	
1. Entity Name VOLUSIA/FLAGLER COUNTY PHARMACY ASSOCIATION, INC.	

Principal Place of Business 1545 TOWN PARK DRIVE PORT ORANGE, FL 32129	Mailing Address 1545 TOWN PARK DRIVE PORT ORANGE, FL 32129
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14003010



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04242005 Chg-NP CR2E037 (10/03)

4. FEI Number 16-1643906		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GAMBERT, WILLIAM N 629 NORTH PENINSULA AVENUE DAYTONA BEACH, FL 32118		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DODDO, MARCUS			NAME			
STREET ADDRESS	105 NORTHBROOK LANE			STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH, FL 32174			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUGUENIN, LARRY B			NAME			
STREET ADDRESS	738 KNOLLVIEW BOULEVARD			STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH, FL 32174			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, JACK			NAME	MICHAEL A. DE LUCA		
STREET ADDRESS	872 TORCHWOOD DRIVE			STREET ADDRESS	785 PELICAN BAY DRIVE		
CITY-ST-ZIP	DELAND, FL 32724			CITY-ST-ZIP	DAYTONA BEACH, FL 32119		
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ETHRIDGE, ROBERT W			NAME			
STREET ADDRESS	1545 TOWN PARK DRIVE			STREET ADDRESS			
CITY-ST-ZIP	PORT ORANGE, FL 32129			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOUDREAU, DENIS			NAME			
STREET ADDRESS	115 ST. ANDREWS DRIVE			STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH, FL 32174			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: Robert W. Ethridge 4-25-05 386-236-3188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #