


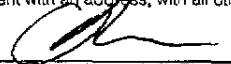


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000007939			
1. Entity Name NORTH FLORIDA INDEPENDENT PHARMACY ASSOCIATION, INC.			
Principal Place of Business 433 HWY 29 SOUTH CANTONMENT, FL 32533	Mailing Address 4314 5TH AVENUE MARIANNA, FL 32446		
DO NOT WRITE IN THIS SPACE			
		01252007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 59-3758725	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 PARAMORE, EARL S 4314 5TH AVENUE MARIANNA, FL 32446		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 date if applicable.		E. SCDH PARAMORE (NOTE: Registered Agent signature required when reinstating) 1/25/07 DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		UN00000612451 02/02/07-80106-020 61.25	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CADENHEAD, KIM 433 HWY 29 S. CANTONMENT, FL 32533		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABBOTT, SHANE 612 E. MAIN AVENUE DEFUNIAK SPRINGS, FL 32435		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURKLOW, STEVE 4880 WOODBINE ROAD PACE, FL 32571		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES PARAMORE, EARL S 4314 5TH AVENUE MARIANNA, FL 32446		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		E. SCDH PARAMORE Date 1-25-07 Daytime Phone # 852-442-3924	