

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N04000002302</b> 1. Entity Name FLORIDA COMMUNITY PHARMACY SOCIETY, INC.						FILED 06 MAR 21 PM 4:41 SECRET TALLAHASSEE, FLORIDA	
Principal Place of Business 4133 UNIVERSITY BLVD S #1 JACKSONVILLE, FL 32216				Mailing Address 4133 UNIVERSITY BLVD S #1 JACKSONVILLE, FL 32216			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number				Applied For <input checked="" 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  JAFFRY, EDWARD S 106 E COLLEGE AVE SUITE 1200 TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				3/16/06 <small>DATE</small>			
<b>FILE NOW!!! FEE IS \$297.50</b>				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME DIRECTOR Bob Fishman 4401 Sheridan St. Hollywood FL 33021				TITLE NAME DIRECTOR Bob Rowland 112 E. New York Ave. Deland FL 32724			
TITLE NAME DIRECTOR John Noriega 202 E. Brandon Blvd. Brandon FL 33511				TITLE NAME DIRECTOR Bob Hove 3215 S. Macdill Ave. Suite F Tampa FL 33629			
TITLE NAME DIRECTOR Lynn Massey 306 E. Jefferson St. Quincy FL 32351				TITLE NAME DIRECTOR Dean Stidham 224 E. Interlake Blvd. Lake Placid FL 33852			
TITLE NAME DIRECTOR Dee Ann Mullins 830 Ohio Ave. Lynn Haven FL 32444				TITLE NAME DIRECTOR Steve Nelson 203 SW Park St. Okeechobee FL 34972			
TITLE NAME DIRECTOR Bill Napier 7302 N. Main St. Jacksonville FL 32208				TITLE NAME DIRECTOR Steve Pressman 1700 NW 122nd Terrace Pembroke Pines FL 33026			
TITLE NAME DIRECTOR Paul Franck 202 SW 15th St. Ocala FL 34474				TITLE NAME DIRECTOR 400069956474 04/10/06--01059--007 **306.25			
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:				3.15.2006			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>			
850-627-7595				<small>Daytime Phone #</small>			