

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002302

FILED
Jan 08, 2012
Secretary of State

Entity Name: FLORIDA INDEPENDENT PHARMACY NETWORK INC.

Current Principal Place of Business:

1400 VILLAGE SQUARE BLVD
#3-200
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

1349 OLD VILLAGE ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWERS, JAMES B
1349 OLD VILLAGE ROAD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: FRANCK, PAUL
Address: 1210 SW 33RD AVENUE
City-St-Zip: OCALA, FL 34474

Title: D
Name: NELSON, STEVE
Address: 203 SW PARK STREET
City-St-Zip: OKEECHOBEE, FL 34972

Title: D
Name: PARAMORE, SCOTT
Address: 4314 5TH AVENUE
City-St-Zip: MARIANNA, FL 32446

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES B. POWERS

CEO

01/08/2012

Electronic Signature of Signing Officer or Director

Date