2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# N08000003759

Entity Name: HIV PHARMACY ASSOCIATION, INC.

Current Principal Place of Business:

14274 NW 22ND STREET
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

14274 NW 22ND STREET
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 26-2432483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHAFIQ, AMTUS SAMI
14274 NW 22ND STREET
PEMBROKE PINES, FL 33028 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 ( ) Delete
Name: SHAFIQ, AMTUS SAMI PHARMD
Address: 14274 NW 22ND STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete
Name: PATAROYO, JIMENA PHARMD
Address: 14274 NW 22ND STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete
Name: SHAFIQ, PHARMD CAMDI, ZUBILA
Address: 14274 NW 22ND STREET
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AMTUS SAMI SHAFIQ D 05/05/2009
Electronic Signature of Signing Officer or Director — Date