2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007
Secretary of State

DOCUMENT# N93000001572

Entity Name: HILLSBOROUGH COUNTY PHARMACY ASSOCIATION, INC.

Current Principal Place of Business:

4422 PORPOISE DRIVE
TAMPA, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15296
TAMPA, FL 336845296 US

New Mailing Address:

FEI Number: 59-3239180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRELL, BRUCE
4422 PORPOISE DR
TAMPA, FL 336178316 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: STRELL, BRUCE
Address: 4422 PORPOISE DRIVE
City-St-Zip: TAMPA, FL

Title: D ( ) Delete
Name: BOBO, BOB
Address: 232 E DAVIS BLVD.
City-St-Zip: TAMPA, FL

Title: D ( ) Delete
Name: STACHOWICK, CHARLES
Address: 12410 MOONDRAGON DR
City-St-Zip: TAMPA, FL

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 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: BRUCE STRELL D 02/13/2007

Electronic Signature of Signing Officer or Director — Date