

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000003833

1. Entity Name
HPH PHARMACY AND MEDICAL EQUIPMENT, INC.



Principal Place of Business
**12107 MAJESTIC BLVD.
HUDSON, FL 34667**

Mailing Address
**12107 MAJESTIC BLVD.
HUDSON, FL 34667**



02102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3582850

Applied For	
Not Applicable	

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, RODNEY
12107 MAJESTIC BLVD
HUDSON, FL 34667**

**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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GRUEBEL, KENNETH
6000 FALL RIVER DRIVE
NEW PORT RICHEY, FL 34655**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CAWLEY, JAY
8105 ROXBORO DR
HUDSON, FL 34667**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MCHUGH, MICHAEL
5397 PATRICIA DRIVE
SPRING HILL, FL 34607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FLECK, PATRICIA
5465 SPRING HILL DRIVE
SPRING HILL, FL 34606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DED
TAYLOR, RODNEY S
12107 MAJESTIC BLVD
HUDSON, FL 34667**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100000438149
03/01/06-80034-022 70.00

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IN THIS SPACE**

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

Rodney S Taylor

Date

2/10/06

Daytime Phone #

727-863-7971