


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90021 015 ****70.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3582850	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TAYLOR, RODNEY 12107 MAJESTIC BLVD HUDSON, FL 34667				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUEBEL, KENNETH 6000 FALL RIVER DRIVE NEW PORT RICHEY, FL 34655 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAWLEY, JAY 8105 ROXBORO DR HUDSON, FL 34667 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCHUGH, MICHAEL 5397 PATRICIA DRIVE SPRING HILL, FL 34607 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLECK, PATRICIA 5466 SPRING HILL DRIVE SPRING HILL, FL 34606 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DED TAYLOR, RODNEY S 12107 MAJESTIC BLVD HUDSON, FL 34667 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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: <u>Rodney S Taylor President/CEO</u> 4/3/07 863-7971					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT 40056286
N99000003833
OFFICERS AND DIRECTORS
HPH PHARMACY & MEDICAL EQUIPMENT

Chairman
George Germann
5327 Commercial Way
Spring Hill, FL 34606

Vice-Chairman
John Church
Brown & Brown Ins.
P O Box 382
Brooksville, FL 34605

Treasurer
Clarence Prevatt Jr.
5839 Mariner Street
Tampa, FL 33609

Secretary
Nancy Cochrane
9213 Grand Cypress Drive
Weeki Wachee, FL 34613

Director
Patricia Fleck
6194 Piedmont
Spring Hill, FL 34606

Director
Roger Graves
3004 Bradford Circle
Palm Harbor, FL 34685

Director
Mike McHugh
5937 Patricia Place
Spring Hill, FL 34607

Director
Norman Hoger, M.D.
13916 Talmage Loop
Hudson, FL 34667

Director
Theresa G. Brock
10220 US Hwy 19
Port Richey, FL 34668

Director
Harriet Robertson
8326 Divot Way
Port Richey, FL 34668

Director
Carl Nill
10815 Los Santos Dr.
Port Richey, FL 34668

Director
Jay Cawley
8325 Monaco Drive
Port Richey, FL 34668

Director
Lowell Harris
37420 Meridian Ave
Dade City, FL 33525

Director
Janet Horn
12056 Carver Ave
New Port Richey, FL 34654

Director
Nancy Maysilles
6134 Oakridge Avenue
New Port Richey, FL 34653

Director
Randy Woodruff
Woodruff & Company
801 S. Broad Street
Brooksville, FL 34601

Director
Bill McGavern
39127 Pretty Pond Road
Zephyrhills, FL 33540

Director
Thomas Barb
3303 Flamingo Blvd
Spring Hill, FL 34607

Director
Bradley Ruben, D.O.
2484 N. Essex Avenue
Hernando, FL 34442

President/CEO
Rodney S. Taylor
12107 Majestic Blvd
Hudson, FL 34667