

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 11, 2008
Secretary of State

DOCUMENT# N99000003833

Entity Name: HPH PHARMACY AND MEDICAL EQUIPMENT, INC.**Current Principal Place of Business:**12107 MAJESTIC BLVD.
HUDSON, FL 34667**New Principal Place of Business:****Current Mailing Address:**12107 MAJESTIC BLVD.
HUDSON, FL 34667**New Mailing Address:****FEI Number:** 59-3582850**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TAYLOR, RODNEY
12107 MAJESTIC BLVD
HUDSON, FL 34667 US**Name and Address of New Registered Agent:**BARB, THOMAS
12107 MAJESTIC BLVD
HUDSON, FL 34667 US

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: THOMAS BARB

09/11/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAWLEY, JAY
Address: 8105 ROXBORO DR
City-St-Zip: HUDSON, FL 34667

Title: C () Delete
Name: GERMANN, GEORGE
Address: 5327 COMMERCIAL WAY
City-St-Zip: SPRING HILL, FL 34606

Title: D () Delete
Name: FLECK, PATRICIA
Address: 5466 SPRING HILL DRIVE
City-St-Zip: SPRING HILL, FL 34606

Title: PCEO () Delete
Name: TAYLOR, RODNEY S
Address: 12107 MAJESTIC BLVD
City-St-Zip: HUDSON, FL 34667

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: CHURCH, JOHN
Address: P O BOX 382
City-St-Zip: BROOKSVILLE, FL 34605

Title: VC (X) Change () Addition
Name: MCGAVERN, WILLIAM
Address: 39127 PRETTY POND ROAD
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: S (X) Change () Addition
Name: GRAVES, ROGER
Address: 3004 BRADFORD CIRCLE
City-St-Zip: PALM HARBOR, FL 34685

Title: PCEO (X) Change () Addition
Name: BARB, THOMAS
Address: 12107 MAJESTIC BLVD
City-St-Zip: HUDSON, FL 34667

Title: T () Change (X) Addition
Name: PREVATT, CLARENCE
Address: 5839 MARINER STREET
City-St-Zip: TAMPA, FL 33609

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: THOMAS BARB

PCEO

09/11/2008

Electronic Signature of Signing Officer or Director

Date