2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# N99000005714

Entity Name: CENTRAL FLORIDA PHARMACY ASSOCIATION CORP.

Current Principal Place of Business:

PO BOX 941004
MAITLAND, FL 327941004 US

New Principal Place of Business:

244 WOOD LAKE DRIVE
MAITLAND, FL 32751 US

Current Mailing Address:

PO BOX 941004
MAITLAND, FL 327941004 US

New Mailing Address:

FEI Number: 59-3601615 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22ND STREET
4TH FLOOR
MIAMI, FL 33145 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: PD ( ) Delete
Name: MCNEESE, ALICE
Address: PO BOX 941004
City-St-Zip: MAITLAND, FL 327941004 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MCNEESE, ALICE
Address: 244 WOOD LAKE DRIVE
City-St-Zip: MAITLAND, FL 32751 US

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: ALICE MCNEESE P 04/12/2007

Electronic Signature of Signing Officer or Director — Date