


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90118 004 ****61.25

DOCUMENT # N99000006336					
1. Entity Name ST. VINCENT DEPAUL COMMUNITY PHARMACY OF CHARLOTTE COUNTY, INC.					
Principal Place of Business 1282 MARKET CIRCLE, UNIT 6 PORT CHARLOTTE, FL 33953		Mailing Address 1282 MARKET CIRCLE, UNIT 6 PORT CHARLOTTE, FL 33953		03082005 Chg-NP CR2E037 (10/03) 03082005 FEI Number 65-0958642 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FERRARA, THOMAS F 1744 LOS ALAMOS DRIVE PUNTA GORDA, FL 33950				Name <u>Thomas F. Ferrara</u> Street Address (P.O. Box Number is Not Acceptable) <u>23033 Westchester Blvd</u> <u>APT. F 509</u> City <u>PORT CHARLOTTE</u> FL Zip Code <u>33980</u>	
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: <u>Thomas F. Ferrara</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>3-9-05</u>					
Filing Fee is \$61.25 Due by May 1, 2005		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	P <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERRARA, THOMAS	NAME	FERRARA, THOMAS		
STREET ADDRESS	1744 LOS ALAMOS DRIVE	STREET ADDRESS	23033 Westchester Blvd, Apt F 509		
CITY-ST-ZIP	PUNTA GORDA, FL 33950	CITY-ST-ZIP	PORT CHARLOTTE, FL 33980		
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	GERACE, CARL	NAME			
STREET ADDRESS	23188 FREEDOM AVE	STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GARRITON, PAT	NAME	LICASTRO, GLORIA		
STREET ADDRESS	1266 GREENOAK TRAIL	STREET ADDRESS	2395 HARBOUR BLVD #A311		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JONES, IRENE	NAME	Klein, Michael		
STREET ADDRESS	304 CORRIENTES CIR	STREET ADDRESS	146 mecca St		
CITY-ST-ZIP	PUNTA GORDA, FL 33983	CITY-ST-ZIP	PORT CHARLOTTE, FL 33954		
TITLE	D <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ASPERILLA, MARK O	NAME	Asperilla, mark o, md		
STREET ADDRESS	287 FIELDS TERRACE	STREET ADDRESS	4040 Lea, marie		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33942	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
TITLE		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Klein, DAVID M, MD		
STREET ADDRESS		STREET ADDRESS	1820 JAMAICA WAY		
CITY-ST-ZIP		CITY-ST-ZIP	PUNTA GORDA, FL 33983		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Thomas F. Ferrara</u>		Date: <u>3-9-05</u>		Daytime Phone #: <u>941-766-9570</u>	

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