

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 03, 2006
Secretary of State**

DOCUMENT# N99000006336

Entity Name: ST. VINCENT DEPAUL COMMUNITY PHARMACY OF CHARLOTTE COUNTY, INC.

Current Principal Place of Business:

1282 MARKET CIRCLE, UNIT 6
PORT CHARLOTTE, FL 33953

New Principal Place of Business:

Current Mailing Address:

1282 MARKET CIRCLE, UNIT 6
PORT CHARLOTTE, FL 33953

New Mailing Address:

FEI Number: 65-0958642 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FERRARA, THOMAS F
23033 WESTHESTER BLVD
APT. F 509
PORT CHARLOTTE, FL 33980 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: P () Delete
Name: FERRARA, THOMAS
Address: 23033 WESTCHESTER BLVD APT F509
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D () Delete
Name: GERACE, CARL
Address: 23188 FREEDOM AVE
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D () Delete
Name: KLEIN, MICHAEL
Address: 146 MECCA STREET
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: P () Delete
Name: ASPERILLA, MARK O
Address: 4040 LEA MARIE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: KLEIN, DAVID M
Address: 1820 JAMAICA WAY
City-St-Zip: PUNTA GORDA, FL 33983

Title: VP () Delete
Name: LICASTRO, GLORIA
Address: 2395 HARBOR BLVD #A 311
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MATZKO, MAURA E
Address: 3656 TURTLEDOVE BLVD.
City-St-Zip: PUNTA GORDA, FL 33950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ASPERILLA, MARK O
Address: 4040 LEA MARIE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GLASER, SIDNEY A
Address: 13905 LONG LAKE LANE
City-St-Zip: PORT CHARLOTTE, FL 33953

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: SIDNEY A. GLASER

D

05/03/2006

Electronic Signature of Signing Officer or Director

_____ Date