
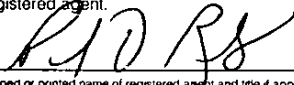
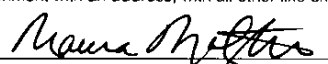


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90035 001 \*\*\*\*70.00

<b>DOCUMENT # N99000006336</b>					
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		
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
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FERRARA, THOMAS F 23033 WESTHESTER BLVD APT. F 509 PORT CHARLOTTE, FL 33980				Name <b>PAUL D. RINGENBERGER</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>1282 MARKET CIRCLE</b>	
				<b>UNIT # 6</b>	
				City <b>PORT CHARLOTTE</b> FL Zip Code <b>33953</b>	
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 				DATE <b>2/1/07</b>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MATZKO, MAURA E	NAME			
STREET ADDRESS	3656 TURTLEDOVE BLVD.	STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33950	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GERACE, CARL	NAME	Connie Thrasher		
STREET ADDRESS	23188 FREEDOM AVE	STREET ADDRESS	3451 Bay Ridge Way		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980	CITY-ST-ZIP	Port Charlotte, FL 33953		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KLEIN, MICHAEL	NAME			
STREET ADDRESS	146 MECCA STREET	STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ASPERILLA, MARK O	NAME			
STREET ADDRESS	4040 LEA MARIE	STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KLEIN, DAVID M	NAME			
STREET ADDRESS	1820 JAMAICA WAY	STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33983	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GLASER, SIDNEY A	NAME	Thomas Cappiello		
STREET ADDRESS	13905 LONG LAKE LANE	STREET ADDRESS	8780 Spring Mountain Way		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953	CITY-ST-ZIP	Ft Myers, Florida 33908		
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:  MAURA MATZKO				Date <b>2/2/2007</b> 941-766-9570	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

40011500



02012007 Chg-NP CR2E037 (12/06)

4. FEI Number **65-0958642** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required