


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90010 039 ***158.75

DOCUMENT # P00000005417 1. Entity Name EXTENDED CARE PHARMACY, INC.					
Principal Place of Business 6400 CRILL AVENUE PALATKA, FL 32177			Mailing Address 6400 CRILL AVENUE PALATKA, FL 32177		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3618931	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDWARD, PHILLIPS M 6400 CRILL AVENUE PALATKA, FL 32177		7. Name and Address of New Registered Agent Name <u>Phillips, Bonnie M.</u> Street Address (P.O. Box Number is Not Acceptable) <u>6400 Crill Avenue</u> City <u>Palatka</u> FL Zip Code <u>32177</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>Bonnie M. Phillips</u> 01/07/2008 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PHILLIPS, M. CASEY 625 SR 20 WEST HOLLISTER, FL 32147	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PHILLIPS, BONNIE M 625 SR 20 WEST HOLLISTER, FL 32147	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PHILLIPS, M. EDWARD 625 SR 20 WEST HOLLISTER, FL 32147	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P - ST Phillips, Bonnie M. 625 SR 20 West Hollister, FL 32147	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PHILLIPS, M. EDWARD 625 SR 20 WEST HOLLISTER, FL 32147	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PHILLIPS, M. EDWARD 625 SR 20 WEST HOLLISTER, FL 32147	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PHILLIPS, M. EDWARD 625 SR 20 WEST HOLLISTER, FL 32147	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 607, 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>Bonnie M. Phillips</u> January 7, 2008 386/325-5505 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					