2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# P00000049731

Entity Name: PERKINS COMPOUNDING PHARMACY, INC.

Current Principal Place of Business:

4015 20TH ST
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

4015 20TH ST
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 65-1011058 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERKINS, EDWIN
4015 20 ST
VERO BEACH, FL 32960 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PERKINS, EDWIN
Address: 4015 20TH ST
City-St-Zip: VERO BEACH, FL 32960

Title: VD ( ) Delete
Name: PERKINS, LOUIS E
Address: 3717 10TH COURT
City-St-Zip: VERO BEACH, FL 32960 US

Title: V ( ) Delete
Name: PERKINS, DIANA M
Address: 4870 12TH PLACE
City-St-Zip: VERO BEACH, FL 32966

Title: ST ( ) Delete
Name: DECRESCENZO, MARY P
Address: 110 WATERWAY LANE
City-St-Zip: VERO BEACH, FL 32963

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change ( ) Addition
Name: PERKINS, DIANA M
Address: 4870 12TH PLACE
City-St-Zip: VERO BEACH, FL 32966

Title: V (X) Change ( ) Addition
Name: DECRESCENZO, MARY P
Address: 110 WATERWAY LANE
City-St-Zip: VERO BEACH, FL 32963

Title: V ( ) Change (X) Addition
Name: PERKINS, SHELBY H
Address: 3717 10TH COURT
City-St-Zip: VERO BEACH, FL 32960 US

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN PERKINS P 04/17/2009

Electronic Signature of Signing Officer or Director — Date