2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2007
Secretary of State

DOCUMENT# P00000079711

Entity Name: T & L PHARMACIES, INC.

Current Principal Place of Business:

5421 KARLSBURG PLACE
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

5421 KARLSBURG PLACE
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 59-3681035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAPAS, CONSTANTINE W ESQ
201 N. FRANKLIN STREET, STE. 2200
TAMPA, FL 33602 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: TANEJA, MANDEEP
Address: 12399 BELCHER ROAD S, STE 140
City-St-Zip: LARGO, FL 33773 US

Title: PD ( ) Delete
Name: LAGAMBA, MICHELE
Address: 5421 KARLSBURG PLACE
City-St-Zip: PALM HARBOR, FL 34685 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LAGAMBA, MICHELE
Address: 5421 KARLSBURG PLACE
City-St-Zip: PALM HARBOR, FL 34685 US

Title: SD (X) Change ( ) Addition
Name: RIOS, JAIME
Address: 5421 KARLSBURG PLACE
City-St-Zip: PALM HARBOR, FL 34685 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: MICHELE LAGAMBA P 09/13/2007

Electronic Signature of Signing Officer or Director Date