## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P00000115969**

1. Entity Name SUNTREE PHARMACY, INC.



Principal Place of Business

Mailing Address

7025 N. WICKHAM RD.

7025 N. WICKHAM RD.

113B MELBOURNE, FL 32940 US

113B

DO NOT WRITE IN THIS SPACE

MELBOURNE, FL 32940

**FILED** Mar 10, 2008 8:00 am Secretary of State

03-10-2008 90071 026 \*\*\*150.00



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No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3685368 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and Add	ess of	Current	Registered	Agent

MEACHAM & CLARK, LLC 7025 N. WICKHAM RD. 113B

## DO NOT WRITE

MELBOURNE, FL 32940		IN THIS SPACE		
<ol><li>The above named entity submits this statement for the the obligations of registered agent.</li></ol>	purpose of changing its registere	ed office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE				
Signature, typed or printed name of registered agent and titl	le if applicable. (NOTE: Registered	d Agent signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRE	ECTORS		4.	
TITLE P NAME CLARK, DIAHN L STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32940				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>-</u>		
12. I hereby certify that the information supplied with this	filing does not qualify for the ex-	emptions contained in Chapter 1	19, 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

321-253-3535-