2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000068561

1. Entity Name
FLAGLER COMMUNITY PHARMACY, INC.

Principal Place of Business	Mailing Address
300 HEALTH PARK BLVD., SUITE 1002 ST. AUGUSTINE, FL 32086	300 HEALTH PARK BLVD., SUITE 1002 ST. AUGUSTINE, FL 32086

DO NOT WRITE IN THIS SPACE

01182005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3731124
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TANTON, DANNY D
925 BAYSIDE BLUFF RD
JACKSONVILLE, FL 32259

DO NOT WRITE IN THIS SPACE

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
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

000000206158
01/31/05-80073-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TANTON, DANNY
STREET ADDRESS	925 BAYSIDE BLUFF RD
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	VPD
NAME	BURGHARDT, JOE
STREET ADDRESS	1437 HOPKINS CREEK LANE
CITY-ST-ZIP	NEPTUNE BEACH, FL
TITLE	SD
NAME	TANTON, CYNTHIA N
STREET ADDRESS	925 BAYSIDE BLUFF ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	TD
NAME	BIRDWELL, DARLA
STREET ADDRESS	545 N BRIDGESTONE AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 1-26-05 904 824-4556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #