

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90049 030 \*\*\*150.00

|   |   |   |  |                                       |  |
|---|---|---|--|---------------------------------------|--|
| <b>DOCUMENT # P01000068561</b>  |   |   |  |                                       |  |
| <b>1. Entity Name</b><br>FLAGLER COMMUNITY PHARMACY, INC.   |   |   |  |                                       |  |
| <b>Principal Place of Business</b><br>300 HEALTH PARK BLVD., SUITE 1002<br>ST. AUGUSTINE, FL 32086  |   |   | <b>Mailing Address</b><br>300 HEALTH PARK BLVD., SUITE 1002<br>ST. AUGUSTINE, FL 32086 |                                       |  |
| <b>2. Principal Place of Business</b>   |   | <b>3. Mailing Address</b>   |  |                                       |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |                                       |  |
| City & State  |   | City & State  |  |                                       |  |
| Zip   | Country   | Zip   | Country  | <b>4. FEI Number</b><br>59-3731124    |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |   |  | <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b>  |   |   | <b>7. Name and Address of New Registered Agent</b>                                     |                                       |  |
| TANTON, DANNY D<br>925 BAYSIDE BLUFF RD<br>JACKSONVILLE, FL 32259   |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                     |                                       |  |
|   |   |   | FL Zip Code  |                                       |  |
| <b>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.</b>  |   |   |  |                                       |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |  |                                       |  |
| <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>   |   | <b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>    |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                           |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>TANTON, DANNY<br>925 BAYSIDE BLUFF RD<br>JACKSONVILLE, FL 32259       | <input type="checkbox"/> Delete   |  |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD<br>BURGHARDT, JOE<br>1437 HOPKINS CREEK LANE<br>NEPTUNE BEACH, FL       | <input type="checkbox"/> Delete   |  |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>TANTON, CYNTHIA N<br>925 BAYSIDE BLUFF ROAD<br>JACKSONVILLE, FL 32259 | <input type="checkbox"/> Delete   |  |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>BIRDWELL, DARLA<br>545 N. BRIDGESTONE AVE<br>JACKSONVILLE, FL 32259   | <input type="checkbox"/> Delete   |  |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   |  |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   |  |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   |  |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   |  |                                       |  |
| <b>12. I hereby certify that the information reported 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.</b> |   |   | SIGNATURE:   |                                       |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |   | Danny D Tanton, Pres.  |                                       |  |
| Date  |   |   | Daytime Phone #  |                                       |  |