


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000068561 1. Entity Name FLAGLER COMMUNITY PHARMACY, INC.	
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Principal Place of Business 300 HEALTH PARK BLVD., SUITE 1002 ST. AUGUSTINE, FL 32086	Mailing Address 300 HEALTH PARK BLVD., SUITE 1002 ST. AUGUSTINE, FL 32086
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3731124	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TANTON, DANNY D 925 BAYSIDE BLUFF RD JACKSONVILLE, FL 32259
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TANTON, DANNY 925 BAYSIDE BLUFF RD JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURGHARDT, JOE 1437 HOPKINS CREEK LANE NEPTUNE BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TANTON, CYNTHIA N 925 BAYSIDE BLUFF ROAD JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BIRDWELL, DARLA 720 SPRINGHAVEN DR JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000613132
02/05/07-80026-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied 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 my address, with all other like empowered.

SIGNATURE:  Danny Tanton	1-12-2007	904 824-4556
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>