

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000068561

FILED
Jan 22, 2009
Secretary of State

Entity Name: FLAGLER COMMUNITY PHARMACY, INC.

Current Principal Place of Business:

300 HEALTH PARK BLVD.
STE 1002
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

300 HEALTH PARK BLVD
STE 1002
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-3731124 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TANTON, DANNY
Address: 925 BAYSIDE BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32259

Title: VPD () Delete
Name: BURGHARDT, JOE
Address: 1437 HOPKINS CREEK LANE
City-St-Zip: NEPTUNE BEACH, FL

Title: SD () Delete
Name: TANTON, CYNTHIA N
Address: 925 BAYSIDE BLUFF ROAD
City-St-Zip: JACKSONVILLE, FL 32259

Title: TD () Delete
Name: BIRDWELL, DARLA
Address: 1133 W KESLEY LANE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DANNY D TANTON

PD

01/22/2009

Electronic Signature of Signing Officer or Director

_____ Date