

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000068561

FILED
Jan 06, 2012
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

OFFICERS AND DIRECTORS:

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

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

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

Title: TD
Name: BIRDWELL, DARLA
Address: 1872 REAR ADMIRAL
City-St-Zip: JACKSONVILLE, FL 32259

I hereby 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 all other like empowered.

SIGNATURE: DANNY TANTON

PD

01/06/2012

Electronic Signature of Signing Officer or Director

Date