2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000078568

Entity Name: PHARMACY INVESTMENT COORDINATORS (PIC. INC.)

FILED Apr 25, 2005 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
3206 S WE TAMPA, F	ESTSHORE B L 33629	LVD			
Current Mailing Address:			New Mailing Address:		
P.O. BOX ALBANY, (
FEI Number: 59-3737369 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()		
Name and	d Address of (Current Registered Agent:	Name and	Address of New Registered Agent:	
WURSTEI 3206 S WE TAMPA, F	ESTSHORE B				
	e named entity e of Florida.	submits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATU	RE:				
		nic Signature of Registered Age	nt	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (SHARPE, FRE P.O.BOX 547 ALBANY, GA		Title: Name: Address: City-St-Zip:	P (X) Change () Addition SHARPE, FRED F 2009 PALMYRA RD ALBANY, GA 31701	
Title: Name: Address: City-St-Zip:	S (WURSTER, KE 3206 S WEST: TAMPA, FL 33	SHORE BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (SCOTT, LEND 3206 S WEST: TAMPA, FL 33	SHORE BLVD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition SCOTT, LENDON 2021 ALEXANDER ST DOTHAN, AL 36301	
Title: Name: Address: City-St-Zip:	D (STRICKLAND, 3206 S WEST: TAMPA, FL 33	SHORE BLVD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition STRICKLAND, MIKE 401 NORTH CORSBIE ST HARTSELLE, AL 35649	
Title: Name: Address: City-St-Zip:	D (COTTRELL, DA 3206 S WESTS TAMPA, FL 33	SHORE BLVD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition COTTRELL, DANIEL 1121 BELLEVILLE AVE BREWTON, AL 36426	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRED F SHARPE PRES 04/25/2005