2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# P01000078568

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

Current Principal Place of Business:

1579 US HWY 19 SOUTH
SUITE L
LEESBURG, GA 31763

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 547
ALBANY, GA 31702

New Mailing Address:

FEI Number: 59-3737369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHARPE, FRED
302 CECIL G COSTON SR BLVD
PORT ST JOE, FL 32456 US

Name and Address of New Registered Agent:

NORMAN, PAULA B
302 CECIL G COSTON SR BLVD
PORT ST JOE, FL 32456 US

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: PAULA B. NORMAN 03/17/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SHARPE, FRED F
Address: 1579 US HWY 19 SOUTH SUITE L
City-St-Zip: LEESBURG, GA 31763

Title: D ( ) Delete
Name: WURSTER, KEN
Address: 3206 S WESTSHORE BLVD
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete
Name: SCOTT, LENDON
Address: 2021 ALEXANDER ST
City-St-Zip: DOTHAN, AL 36301

Title: D ( ) Delete
Name: STRICKLAND, MIKE
Address: 401 NORTH CORSBIE ST
City-St-Zip: HARTSELLE, AL 35649

Title: D ( ) Delete
Name: COTTRELL, DANIEL
Address: 1121 BELLEVILLE AVE
City-St-Zip: BREWTON, AL 36426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: NORMAN, PAULA B
Address: 1579 US HWY 19 SOUTH SUITE L
City-St-Zip: LEESBURG, GA 31763

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: PAULA B. NORMAN S 03/17/2009
Electronic Signature of Signing Officer or Director Date