

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 05, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P01000106236

1. Entity Name  
DRG'S PHARMACY, INC.



Principal Place of Business  
234 EAST COMMERCIAL BOULEVARD  
LAUDERDALE BY THE SEA, FL 33308

Mailing Address  
234 EAST COMMERCIAL BOULEVARD  
LAUDERDALE BY THE SEA, FL 33308



02192008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3754247	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

GRABER, GENEEN R  
234 EAST COMMERCIAL BOULEVARD  
LAUDERDALE BY THE SEA, FL 33308

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be**  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRABER, GENEEN R
STREET ADDRESS	234 EAST COMMERCIAL BOULEVARD
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000847300  
03/19/08-80015-005 150.00

**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 an address, with all other like empowered.

SIGNATURE Geneen R Graber President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-2008 954-938-0005  
Date Daytime Phone #