2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000129621

ORLANDO, FL 32812

City-St-Zip:

FILED Jul 22, 2008 Secretary of State

Entity Name: CAREPOINT PHARMACY, INC. **Current Principal Place of Business: New Principal Place of Business:** 1400 HAND AVE SUITE O ORMOND BEACH, FL 32174 **New Mailing Address: Current Mailing Address:** 1400 HAND AVE SUITE O ORMOND BEACH, FL 32174 FEI Number: 13-4226400 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RICHARD K. CHURCHMAN, P.A. 1255 MASON AVE. DAYTONA BEACH, FL 32117 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PTD () Delete Title: (X) Change () Addition JIBRIL, HASSAN B ISEMIN, DAVID Name: Name: 1151 BARBARA DR 3320-A FISH AVE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32117 City-St-Zip: BAYCHESTER, NY 10469 () Delete Title: VPSD Title: () Change () Addition Name: EKAETTE, ISEMAN Name: 2700 MYSTIC COVE DR Address: 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: DAVID ISEMIN OWNE 07/22/2008