

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000129621

Entity Name: CAREPOINT PHARMACY, INC.

**FILED**  
**Mar 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1400 HAND AVE  
SUITE O  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

1400 HAND AVE  
SUITE O  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 90-0335884

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RICHARD K. CHURCHMAN,P.A.  
1255 MASON AVE.  
DAYTONA BEACH, FL 32117 US

**Name and Address of New Registered Agent:**

ISEMIN, EKAETTE  
1400 HAND AVE  
SUITE O  
ORMOND BEACH, FL 32174 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: EKAETTE ISEMIN

03/16/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: ISEMIN, DAVID  
Address: 3320-A FISH AVE  
City-St-Zip: BAYCHESTER, NY 10469

Title: VPSD  
Name: EKAETTE, ISEMAN  
Address: 2700 MYSTIC COVE DR  
City-St-Zip: ORLANDO, FL 32812

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: EKAETTE ISEMIN

VPSD

03/16/2010

Electronic Signature of Signing Officer or Director

Date