2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 29, 2009
Secretary of State

DOCUMENT# P03000013368

Entity Name: MOULTRIE PHARMACY, INC.

Current Principal Place of Business:

3670 HWY US 1 S
SUITE 120
ST AUGUSTINE, FL 32086

New Principal Place of Business:

3690 US 1 SOUTH
ST AUGUSTINE, FL 32086

Current Mailing Address:

3670 HWY US 1 S
SUITE 120
ST AUGUSTINE, FL 32086

New Mailing Address:

3690 US 1 SOUTH
ST AUGUSTINE, FL 32086

FEI Number: 54-2094346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCARTY, ANTHONY O
4112 CREEKBLUFF DRIVE
ST AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: DOMPE, LYNN
Address: 301 RED WING LANE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: STD ( ) Delete
Name: MCCARTY, DELAINE P
Address: 4112 CREEK BLUFF DR
City-St-Zip: ST AUGUSTINE, FL 32086

Title: DIR (X) Delete
Name: DOMPE, PHILIP
Address: 301 RED WING LANE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: DIR ( ) Delete
Name: MCCARTY, ANTHONY O
Address: 4112 CREEKBLUFF DRIVE
City-St-Zip: ST AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: MCCARTY, DELAINE P
Address: 4112 CREEK BLUFF DR
City-St-Zip: ST AUGUSTINE, FL 32086

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

Title: STD (X) Change ( ) Addition
Name: MCCARTY, ANTHONY O
Address: 4112 CREEKBLUFF DRIVE
City-St-Zip: ST AUGUSTINE, FL 32086

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: ANTHONY O MCCARTY STD 09/29/2009
Electronic Signature of Signing Officer or Director Date