


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 26, 2004 8:00 am**  
**Secretary of State**

08-26-2004 90006 015 \*\*\*550.00


<b>DOCUMENT # P03000022783</b>	
1. Entity Name MY PHARMACY OF NORTH FLORIDA, INC.	

Principal Place of Business RT. 2, BOX 3102 LAKE CITY, FL 32024	Mailing Address RT. 2, BOX 3102 LAKE CITY, FL 32024
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2. Principal Place of Business 407 WEST MADISON ST.	3. Mailing Address 407 WEST MADISON ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State STARKE, Florida	City & State STARKE, Florida
Zip 32091	Zip 32091
Country USA	Country USA

6. Name and Address of Current Registered Agent CHAMBERLAIN, STEVEN M 618 NE 1ST ST. GAINESVILLE, FL 32601	
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07102004	Chg-P CR2E034 (10/03)
4. FEI Number 54-2095391	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of Now Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	TRACY A. ABBOTT
STREET ADDRESS		STREET ADDRESS	236 SW DAYTIME DRIVE
CITY-ST-ZIP		CITY-ST-ZIP	LAKE CITY, Florida 32024
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	THOMAS A. BARBER
STREET ADDRESS		STREET ADDRESS	2851 SW CR 349
CITY-ST-ZIP		CITY-ST-ZIP	LAKE CITY, Florida 32024
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **TRACY A. ABBOTT President** **7/9/2004** **904-964-7774**  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #