2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000022783

City-St-Zip: LAKE CITY, FL 32024

Entity Name: MY PHARMACY OF NORTH FLORIDA, INC.

FILED Apr 17, 2006 Secretary of State

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Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
407 WEST MADISON ST STARKE, FL 32091			395 WEST MADISON STARKE, FL 32091	395 WEST MADISON ST STARKE, FL 32091	
Current N	lailing Addres	s:	New Mailing Address	New Mailing Address:	
407 WEST STARKE,	Г MADISON ST FL 32091		395 WEST MADISON STARKE, FL 32091	ST	
FEI Number	: 54-2095391	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
618 NE 18 GAINESVI The above	LLE, FL 32601	US	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Ac	gent	Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PST () ABBOTT, TRAC 236 SW DAYTII LAKE CITY, FL	ME DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	M () BARBER, THOM 2851 SW CR 3		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS A BARBER M 04/17/2006