

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000022783

FILED
Apr 25, 2008
Secretary of State

Entity Name: MY PHARMACY OF NORTH FLORIDA, INC.

Current Principal Place of Business:

395 WEST MADISON ST
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

395 WEST MADISON ST
STARKE, FL 32091

New Mailing Address:

FEI Number: 54-2095391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMBERLAIN, STEVEN M
618 NE 1ST ST.
GAINESVILLE, FL 32601 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: ABBOTT, TRACY A
Address: 236 SW DAYTIME DR
City-St-Zip: LAKE CITY, FL 32024

Title: M () Delete
Name: BARBER, THOMAS A
Address: 2851 SW CR 349
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
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: THOMAS A BARBER

M

04/25/2008

Electronic Signature of Signing Officer or Director

Date