2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# P03000056785

Entity Name: SANTA ROSA PHARMACY, INC.

Current Principal Place of Business:

2027 WILLOW BEND LANE
LYNN HAVEN, FL 32444

New Principal Place of Business:

7 TOWN CENTER LOOP
C-11
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

2027 WILLOW BEND LANE
LYNN HAVEN, FL 32444

New Mailing Address:

7 TOWN CENTER LOOP
C-11
SANTA ROSA BEACH, FL 32459

FEI Number: 56-2363202 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLOWERS, GEORGE T
2027 WILLOW BEND LANE
LYNN HAVEN, FL 32444

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: P ( ) Delete
Name: FLOWERS, GEORGE T
Address: 2027 WILLOW BEND LANE
City-St-Zip: LYNN HAVEN, FL 32444

Title: S ( ) Delete
Name: YERBEY, DONALD W
Address: 128 SUMMERWOOD DR.
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: T ( ) Delete
Name: BEDWELL, JOHN R
Address: 611 GABRIEL ST.
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: FLOWERS, TAMI L
Address: 2027 WILLOW BEND LANE
City-St-Zip: LYNN HAVEN, FL 32459

Title: V (X) Change ( ) Addition
Name: HUGILL, LLOYD
Address: 10510 EDMONTON AVE
City-St-Zip: ENGLEWOOD, FL 34224

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GEORGE T. FLOWERS P 04/26/2004

Electronic Signature of Signing Officer or Director — Date