

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000056785

Entity Name: SANTA ROSA PHARMACY, INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
388 CLAREON DRIVE
SEACREST, FL 32413 US

Name and Address of New Registered Agent:

FLOWERS, GEORGE T
53 ALBATROSS CT
SANTA ROSA BEACH, FL 32459 US

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: GEORGE T. FLOWERS

04/30/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLOWERS, GEORGE T
Address: 388 CLAREON DRIVE
City-St-Zip: SEACREST, FL 32413

Title: S () Delete
Name: FLOWERS, TAMI L
Address: 388 CLAREON DRIVE
City-St-Zip: SEACREST, FL 32413

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FLOWERS, GEORGE T
Address: 53 ALBATROSS CT
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S (X) Change () Addition
Name: FLOWERS, TAMI L
Address: 53 ALBATROSS CT
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: GEORGE T. FLOWERS

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date