

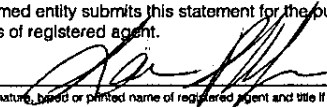
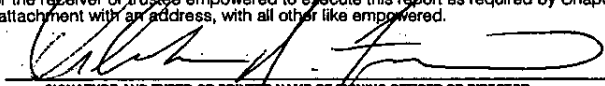


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90021 010 \*\*\*150.00

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>DOCUMENT # P03000089168</b><br>1. Entity Name<br><b>TREASURE COAST PHARMACY, INC.</b>  |   |   |   |   |  |
| Principal Place of Business<br><b>6696 SOUTH US HWY 1<br/>PORT SAINT LUCIE, FL 34952</b>  |   |   | Mailing Address<br><b>6696 SOUTH US HWY 1<br/>PORT SAINT LUCIE, FL 34952</b>  |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |  |  |
| City & State  |   | City & State  |   | 02132004      Chg-P      CR2E034 (10/03)   |  |
| Zip   |   | Country   |   | 4. FEI Number<br><b>20-0156974</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | Applied For<br>Not Applicable   |   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SPIEGEL &amp; UTRERA, P.A.<br/>1840 SW 22ND ST.<br/>4TH FLOOR<br/>MIAMI, FL 33145</b>   |   | 7. Name and Address of New Registered Agent<br>Name<br><b>Lance P. Mirrer, CPA</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5400 S. University Dr., Ste 601</b><br>City<br><b>Davie</b> FL      Zip Code<br><b>33328</b> |   |  |  |
| 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  DATE <b>2/23/04</b><br><small>Signature, hand or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>FIGUEROA, IDALMY B<br>6696 SOUTH US HWY 1<br>PORT SAINT LUCIE, FL 34952   | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DV<br>MORONE, LYLAH S<br>6696 SOUTH US HWY 1<br>PORT SAINT LUCIE, FL 34952      | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DST<br>FIGUEROA, ORLANDO R<br>6696 SOUTH US HWY 1<br>PORT SAINT LUCIE, FL 34952 | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>  | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>  | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>  | <input type="checkbox"/> Delete   |   |  |  |
| 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:  DATE <b>2/27/04</b> DAYTIME PHONE # <b>954-468-3836</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |  |  |