
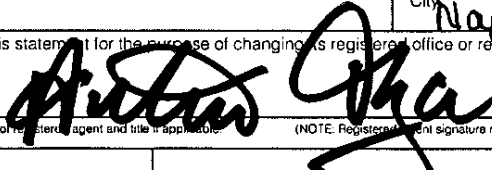
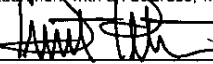


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90165 027 ***150.00

DOCUMENT # P03000141135 1. Entity Name CERTIFIED PHARMACIES OF AMERICA, INC.					
Principal Place of Business 3030 HORSESHOE DR SOUTH STE 200 NAPLES, FL 34104			Mailing Address 3030 HORSESHOE DR SOUTH STE 200 NAPLES, FL 34104		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent FIELDS, ALAN B 3030 HORSESHOE DR SOUTH STE 200 NAPLES, FL 34104			7. Name and Address of New Registered Agent Name Antonio Faga Street Address (P.O. Box Number is Not Acceptable) 7955 Airport Road North Suite 101 City Naples FL Zip Code 34109		
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 4/26/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PETERSON, BRENT 3030 HORSESHOE DR SOUTH STE 200 NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FIELDS, ALAN B 3030 HORSESHOE DR SOUTH STE 200 NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Eloy Erie 3030 Horseshoe Dr S #200 Naples FL 34104	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lowell Fisher 3030 Horseshoe Dr S #200 Naples FL 34104	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ronald Stutzman 5560 Estero Blvd. Ft. Myers Beach FL 33931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James Postema 358 Bayshore Drive Cape Coral FL 33904	
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:  BRENT PETERSON / PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date April 26, 2005 Daytime Phone # 239-430-5000		