

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90008 043 \*\*\*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

02272006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**54-2134621**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAGA, ANTONIO  
7955 AIRPORT ROAD NORTH  
SUITE 101  
NAPLES, FL 34109**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **PETERSON, BRENT**  
STREET ADDRESS **3030 HORSESHOE DR SOUTH STE 200**  
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **FIELDS, ALAN B**  
STREET ADDRESS **3030 HORSESHOE DR SOUTH STE 200**  
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **ERIE, ELROY**  
STREET ADDRESS **3030 HORSESHOE DR S # 200**  
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **FISHER, LOWELL**  
STREET ADDRESS **3030 HORSESHOE DR S # 200**  
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **STUTZMAN, RONALD**  
STREET ADDRESS **5580 ESTERO BLVD**  
CITY-ST-ZIP **FORT MYERS BEACH, FL 33931**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **POSTEMA, JAMES**  
STREET ADDRESS **358 BAYSHORE DRIVE**  
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [Signature] **PRESIDENT/CEO - BRENT PETERSON**

2/27/06

239.430.5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #