

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000051841

FILED  
Jan 07, 2005  
Secretary of State

Entity Name: ISLAND FAMILY PHARMACY, INC.

**Current Principal Place of Business:**

4112 CREEKBLUFF DRIVE  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

1925 STATE ROAD 312  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

4112 CREEKBLUFF DRIVE  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

1925 STATE ROAD 312  
ST. AUGUSTINE, FL 32080

FEI Number: 20-0937105

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCARTY, ANTHONY OBIE  
4112 CREEKBLUFF DRIVE  
ST. AUGUSTINE, FL 32086 US

**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: PD ( ) Delete  
Name: BLANCO, RYAN  
Address: 117 BONITA ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: STD ( ) Delete  
Name: MCCARTY, ANTHONY OBIE  
Address: 4112 CREEKBLUFF DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32086

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: RYAN C. BLANCO

PD

01/07/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date