

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000051841

FILED
Jan 25, 2008
Secretary of State

Entity Name: ISLAND FAMILY PHARMACY, INC.

Current Principal Place of Business:

1925 STATE ROAD 312
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

1925 STATE ROAD 312
ST. AUGUSTINE, FL 32080

New Mailing Address:

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: 212 HIDDEN TREE DR
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: PD (X) Change () Addition
Name: BLANCO, RYAN
Address: 3485 KINGS ROAD SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32086

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: RYAN BLANCO

MR

01/25/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date