

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000051841

FILED
Feb 18, 2009
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:

BLANCO, RYAN
3485 KINGS RD SOUTH
ST. AUGUSTINE, FL 32086 US

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: RYAN BLANCO

02/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLANCO, RYAN
Address: 3485 KINGS ROAD SOUTH
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 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

02/18/2009

Electronic Signature of Signing Officer or Director

Date