

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000051841

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Entity Name:** ISLAND FAMILY PHARMACY, INC.

**Current Principal Place of Business:**

125 A1A BEACH BLVD  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

125 A1A BEACH BLVD  
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:**

BLANCO, RYAN  
3485 KINGS RD SOUTH  
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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BLANCO, RYAN  
Address: 3485 KINGS ROAD SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32086

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

I hereby 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 all other like empowered.

SIGNATURE: RYAN BLANCO

PD

01/17/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date