2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000057863

Entity Name: ST JOHNS PHARMACY INCORPORATED

ST. AUGUSTINE, FL 32086

City-St-Zip:

FILED Feb 01, 2008 Secretary of State

y			THE OTO THE B			
Current P	rincipal Plac	e of Business:	New Prince	New Principal Place of Business:		
3100 US H	HWY1S					
SUITE 5	OTINE EL 20	2006				
ST AUGU	STINE, FL 32	1000				
Current M	lailing Addre	ess:	New Maili	ing Address	:	
3100 US F SUITE 5 ST AUGU:	HWY 1 S STINE, FL 32	2086				
FEI Number	: 06-1722302	FEI Number Applied For	r() FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	l Address of	Current Registered Ag	ent: Name and	l Address of	f New Registered Agent:	
	DANNY IDE BLUFF R IVILLE, FL 32					
	e named entity e of Florida.	submits this statement f	for the purpose of changing	its registered	d office or registered agent, or both,	
SIGNATU	RE:					
	Electro	onic Signature of Registe	red Agent		Date	
Election Car	mpaign Financi	ng Trust Fund Contribution	().			
OFFICER	S AND DIRE	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title:	DP () Delete	Title:		() Change () Addition	
Name:	BURGHARDT	, JOE	Name:			
Address:		IS CREEK LANE	Address:			
City-St-Zip:	NEPTUNE BE	ACH, FL 32266	City-St-Zip:			
Title:	DV () Delete	Title:		() Change () Addition	
Name:	TANTON, DAN	•	Name:		· ,	
Address:	925 BAYSIDE		Address:			
City-St-Zip:	JACKSONVIL	LE, FL 32259	City-St-Zip:			
Title:	S () Delete	Title:	S	(X) Change () Addition	
Name:	CARR, DANIE		Name:	CARR, DANI		
Address:	,	NY 1 S - SUITE 5	Address:	1834 SOUTH		
City-St-Zip:		NE, FL 32086	City-St-Zip:		LLE BEACH, FL 32250	
Title:	Т () Delete	Title:	Т	(X) Change () Addition	
Name:	ARNETT, KEN		Name:	ARNETT, KE	, , ,	
Address:		MAY 1 C CHITE E	Address:	1244 LOCH		

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.

City-St-Zip:

JACKSONVILLE, FL 32259

SIGNATURE: DANNY TANTON DV 02/01/2008