# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 13, 2005**
**Secretary of State**

DOCUMENT# P04000093292

**Entity Name:** PENSACOLA RX ASSISTANCE, INC.

**Current Principal Place of Business:**

C/O WILLIAM S FOSTER
909 MAR WALT DR STE 1014
FT WALTON BEACH, FL 32457

**New Principal Place of Business:**

**Current Mailing Address:**

C/O WILLIAM S FOSTER
909 MAR WALT DR STE 1014
FT WALTON BEACH, FL 32457

**New Mailing Address:**

**FEI Number: 20-1370670** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

FOSTER, WILLIAM S
909 MAR WALT DR STE 1014
FT WALTON BEACH, FL 32457 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: D ( ) Delete
Name: PAGE, RUSSELL L JR MD
Address: P.O. BOX 789
City-St-Zip: GENEVA, FL 36340

Title: D ( ) Delete
Name: TOMBERLIN, JOHN C MD
Address: P.O. BOX 789
City-St-Zip: GENEVA, FL 36340

Title: D ( ) Delete
Name: BURKETT, BOBBY
Address: P.O. BOX 789
City-St-Zip: GENEVA, FL 36340

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

Title: D (X) Change ( ) Addition
Name: PAGE, RUSSELL L JR MD
Address: P.O. BOX 789
City-St-Zip: GENEVA, AL 36340

Title: D (X) Change ( ) Addition
Name: TOMBERLIN, JOHN C MD
Address: P.O. BOX 789
City-St-Zip: GENEVA, AL 36340

Title: D (X) Change ( ) Addition
Name: BURKETT, SUSAN
Address: P.O. BOX 789
City-St-Zip: GENEVA, AL 36340

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: JOHN C. TOMBELIN, MD D 04/13/2005

Electronic Signature of Signing Officer or Director — Date