

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000093292

Entity Name: PENSACOLA RX ASSISTANCE, INC.

FILED  
Apr 18, 2006  
Secretary of State

## Current Principal Place of Business:

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

## Current Mailing Address:

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

## New Principal Place of Business:

C/O KATHY ALRED  
P.O. BOX 789  
GENEVA, AL 36340

## New Mailing Address:

C/O KATHY ALRED  
P.O. BOX 789  
GENEVA, AL 36340

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:

ALRED, KATHY A  
1000 RUM ROAD  
WESTVILLE, FL 32464 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: KATHY ALRED

04/18/2006

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, AL 36340

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (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: MABRY, MARCIA  
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 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: JOHN C. TOMBERLIN

V

04/18/2006

Electronic Signature of Signing Officer or Director

Date