2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007
Secretary of State

DOCUMENT# P04000114470

Entity Name: FLORIDA COMMUNITY PHARMACY NETWORK, INC.

Current Principal Place of Business:

106 EAST COLLEGE AVENUE
SUITE 1200
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

106 EAST COLLEGE AVENUE
SUITE 1200
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAFFRY, EDWARD S
106 EAST COLLEGE AVENUE
SUITE 1200
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FISHMAN, BOB
Address: 4401 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete
Name: MASSEY, LYNN
Address: 306 EAST JEFFERSON STREET
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete
Name: NORIEGA, JOHN
Address: 202 EAST BRANDON BLVD.
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: BOB FISHMAN D 07/10/2007

Electronic Signature of Signing Officer or Director — Date