

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000114470</b>	
1. Entity Name FLORIDA COMMUNITY PHARMACY NETWORK, INC.	
Principal Place of Business 106 EAST COLLEGE AVENUE SUITE 1200 TALLAHASSEE, FL 32301	Mailing Address 106 EAST COLLEGE AVENUE SUITE 1200 TALLAHASSEE, FL 32301



01302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	FISHMAN, BOB
STREET ADDRESS	4401 SHERIDAN STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	MASSEY, LYNN
STREET ADDRESS	306 EAST JEFFERSON STREET
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	D
NAME	NORIEGA, JOHN
STREET ADDRESS	202 EAST BRANDON BLVD.
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000833317  
02/28/08-80008-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Lynn G. Massey 2-11-2008 850-627-7595  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #