2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000066324

Entity Name: HEALTHPLUS PHARMACY, INC.

FILED Apr 23, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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16519 N.W. 27TH AVE.
MIAMI, FL 33054

16519 N.W. 27TH AVE.
MIAMI GARDENS, FL 33054

Current Mailing Address: New Mailing Address:

16519 N.W. 27TH AVE.
MIAMI, FL 33054

16519 N.W. 27TH AVE.
MIAMI GARDENS, FL 33054

FEI Number: 20-2815189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HIGH END INCOME TAX & ACCTG SRVCS 4200 NW 16TH ST SUITE 600A LAUDERHILL, FL 33313 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: OSAGIE, FRANK Name: OSAGIE, FRANK

 Address:
 9430 BELAIR DRIVE
 Address:
 10413 SW 24TH STREET

 City-St-Zip:
 MIRAMAR, FL 33025
 City-St-Zip:
 MIRAMAR, FL 33025 US

Title: VTD () Delete Title: VTD (X) Change () Addition Name: UHUMWANGHO, EGHOSA Name: UHUMWANGHO, EGHOSA

Address: 9430 BELAIR DRIVE Address: 4495 SW 179TH WAY
City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: MIRAMAR, FL 33029 US

Title: VSD () Delete Title: VSD (X) Change () Addition

 Name:
 OSAIYUWU, RICHARD
 Name:
 OSAIYUWU, RICHARD

 Address:
 9430 BELAIR DRIVE
 Address:
 17753 SW 47TH STREET

 City-St-Zip:
 MIRAMAR, FL 33025
 City-St-Zip:
 MIRAMAR, FL 33029 US

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: FRANK OSAGIE PD 04/23/2008