

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000066324

FILED
Apr 12, 2009
Secretary of State

Entity Name: HEALTHPLUS PHARMACY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-2815189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGH END INCOME TAX & ACCTG SRVCS
4200 NW 16TH ST
SUITE 600A
LAUDERHILL, FL 33313 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: PD () Delete
Name: OSAGIE, FRANK
Address: 10413 SW 24TH STREET
City-St-Zip: MIRAMAR, FL 33025 US

Title: VTD () Delete
Name: UHUMWANGHO, EGHOSA
Address: 4495 SW 179TH WAY
City-St-Zip: MIRAMAR, FL 33029 US

Title: VSD () Delete
Name: OSAIYUWU, RICHARD
Address: 17753 SW 47TH STREET
City-St-Zip: MIRAMAR, FL 33029 US

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: FRANK OSAGIE

PD

04/12/2009

Electronic Signature of Signing Officer or Director

_____ Date