


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
CLERK OF STATE  
DIVISION OF CORPORATE  
06 MAR 16 PM 2:46

<b>DOCUMENT # P05000129313</b> 1. Entity Name <b>APEX PHARMACY, INC</b>					
Principal Place of Business <b>22879 EL DORADO DRIVE BOCA RATON, FL 33433</b>			Mailing Address <b>22879 EL DORADO DRIVE BOCA RATON, FL 33433</b>		
2. Principal Place of Business <b>6110 WEST ATLANTIC AVENUE, BAY C</b> Suite, Apt. #, etc.		3. Mailing Address <b>6110 WEST ATLANTIC AVENUE, BAY C</b> Suite, Apt. #, etc.			
City & State <b>DELRAY BEACH, FLORIDA</b> Zip <b>33484</b> Country <b>U.S.</b>		City & State <b>DELRAY BEACH, FLORIDA</b> Zip <b>33484</b> Country <b>U.S.</b>		4. FEI Number <b>20-3505369</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SORSHER, ALEX 2500-1 N STATE ROAD 7 HOLLYWOOD, FL 33021</b>			7. Name and Address of New Registered Agent Name <b>TATYANA LEVINA</b> Street Address (P.O. Box Number is Not Acceptable) <b>6110 WEST ATLANTIC AVENUE, BAY C</b> City <b>DELRAY BEACH</b> <b>FL</b> Zip Code <b>33484</b>		
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 <u>Tatyana Levina</u> DATE <u>3/9/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NUDELMAN, ARTHUR</b> <b>22879 EL DORADO DRIVE</b> <b>BOCA RATON, FL 33433</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>TATYANA LEVINA</b> <b>6110 WEST ATLANTIC AVENUE, BAY C</b> <b>DELRAY BEACH, FLORIDA 33484</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LEVINA, TATYANA</b> <b>22879 EL DORADO DRIVE</b> <b>BOCA RATON, FL 33433</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700068557317</b> <b>03/24/06--01004--001 **150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Tatyana Levina</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/9/06</u> <small>Date Daytime Phone #</small>		

RE WILLIAMS MAR 16 2006