

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000158527

FILED
Jan 05, 2012
Secretary of State

Entity Name: CARE FIRST PHARMACY CORP.

Current Principal Place of Business:

13795 S.W. 36 AVENUE ROAD
SUITE 5-B
OCALA, FL 34473

New Principal Place of Business:

Current Mailing Address:

13795 S.W. 36 AVENUE ROAD
SUITE 5-B
OCALA, FL 34473

New Mailing Address:

FEI Number: 41-2189935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OKUNBOR, FRIDAY E
13327 S.W. 31 ST AVE ROAD
OCALA, FL 34473 US

Name and Address of New Registered Agent:

OKUNBOR, FRIDAY E
13327 S.W. 31 ST AVE ROAD
SUITE 5-B
OCALA, FL 34473 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

01/05/2012

Date

OFFICERS AND DIRECTORS:

Title: DR
Name: OKUNBOR, FRIDAY E
Address: 13795 S.W. 36 AVENUE ROAD
City-St-Zip: Ocala, FL 34473

I hereby 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 all other like empowered.

SIGNATURE: FRIDAY E OKUNBOR

DR

01/05/2012

Electronic Signature of Signing Officer or Director

Date