2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 11, 2007
Secretary of State

DOCUMENT# P06000129760

Entity Name: NORTH FLORIDA PHARMACY OF KEYSTONE HEIGHTS, INC.

Current Principal Place of Business:

1756 SW BARNETT WAY
LAKE CITY, FL 32025 US

New Principal Place of Business:

Current Mailing Address:

1756 SW BARNETT WAY
LAKE CITY, FL 32025 US

New Mailing Address:

FEI Number: 20-5676670 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORRANS, ALFRED W II
1756 SW BARNETT WAY
LAKE CITY, FL 32025 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TORRANS, ALFRED W II
Address: 1756 SW BARNETT WAY
City-St-Zip: LAKE CITY, FL 32025 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: SANFORD, ALYSSA W
Address: 658 NW 171 ST
City-St-Zip: STARKE, FL 32091

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: AL TORRANS II PRES 10/11/2007

Electronic Signature of Signing Officer or Director Date