

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000007902

Entity Name: EXPERT CARE PHARMACY, INC.

FILED
Mar 24, 2008
Secretary of State

Current Principal Place of Business:

1741 CORAL POINT DRIVE
CAPE CORAL, FL 33990 US

New Principal Place of Business:

4901 PALM BEACH BLVD.
SUITE 81
FT. MYERS, FL 33905 US

Current Mailing Address:

1741 CORAL POINT DRIVE
CAPE CORAL, FL 33990 US

New Mailing Address:

4901 PALM BEACH BLVD.
SUITE 81
FT. MYERS, FL 33905 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD, AARON L
1741 CORAL POINT DRIVE
CAPE CORAL, FL 33990 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: P () Delete
Name: HOWARD, AARON L
Address: 1741 CORAL POINT DRIVE
City-St-Zip: CAPE CORAL, FL 33990 US

Title: VP () Delete
Name: FERTIL, RICARD
Address: 12825 NE 2ND AVE.
City-St-Zip: MIAMI, FL 33161 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: AARON HOWARD

P

03/24/2008

Electronic Signature of Signing Officer or Director

Date