2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

DOCUMENT# P07000007902

Entity Name: EXPERT CARE PHARMACY, INC.

Current Principal Place of Business:

4901 PALM BEACH BLVD.
SUITE 35
FT. MYERS, FL 33905 US

New Principal Place of Business:

4901 PALM BEACH BLVD.
SUITE 350
FT. MYERS, FL 33905 US

Current Mailing Address:

4901 PALM BEACH BLVD.
SUITE 35
FT. MYERS, FL 33905 US

New Mailing Address:

4901 PALM BEACH BLVD.
SUITE 350
FT. MYERS, FL 33905 US

FEI Number: 20-8271506 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOWARD, AARON L
4901 PALM BEACH BLVD
SUITE 35
FT. MYERS, FL 33905 US

Name and Address of New Registered Agent:

HOWARD, AARON L
4901 PALM BEACH BLVD
SUITE 350
FT. MYERS, FL 33905 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: _____ 04/30/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: HOWARD, AARON L
Address: 12825 NE 2ND AVE
City-St-Zip: MIAMI, FL 33161 US

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

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: AARON HOWARD P 04/30/2011
Electronic Signature of Signing Officer or Director — Date