

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000024759

Entity Name: OM PHARMACY INC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

9309 SE MARICAMP ROAD
SHORES PLAZA
OCALA, FL 34472

New Principal Place of Business:

Current Mailing Address:

5890 SW 43RD ST
OCALA, FL 34474

New Mailing Address:

5890 SW 43RD ST RD
OCALA, FL 34474

FEI Number: 26-2145172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, HEMAL N
5890 SW 43RD ST
OCALA, FL 34474 US

Name and Address of New Registered Agent:

PATEL, HEMAL N
5890 SW 43RD ST RD
OCALA, FL 34474 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: HEMAL PATEL

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,S () Delete
Name: PATEL, HEMAL N
Address: 5890 SW 43RD ST
City-St-Zip: OCALA, FL 34474

Title: VP () Delete
Name: PATEL, MAHESH L
Address: 5890 SW 43RD ST
City-St-Zip: OCALA, FL 34474

Title: T () Delete
Name: PATEL, VARSHAL
Address: 47438 CIRCYLE CREST DR.
City-St-Zip: SHELBY TOWNSHIP, MI 48315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S (X) Change () Addition
Name: PATEL, HEMAL N
Address: 5890 SW 43RD ST RD
City-St-Zip: OCALA, FL 34474

Title: VP (X) Change () Addition
Name: PATEL, MAHESH L
Address: 5890 SW 43RD ST RD
City-St-Zip: OCALA, FL 34474

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: HEMAL PATEL

PS

04/27/2009

Electronic Signature of Signing Officer or Director

Date