

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000091580

FILED
Jan 16, 2009
Secretary of State**Entity Name:** YOUR'S NEIGHBORHOOD PHARMACY INC**Current Principal Place of Business:**11067 SPRING HILL DR
SPRING HILL, FL 34608**New Principal Place of Business:****Current Mailing Address:**11067 SPRING HILL DR
SPRING HILL, FL 34608**New Mailing Address:****FEI Number:** 26-3572419**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MALHOTRA, GAURAV DR
11067 SPRING HILL DR
SPRING HILL, FL 34608 US**Name and Address of New Registered Agent:**MANDA, ASHOK K
11067 SPRING HILL DR
SPRING HILL, FL 34608 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: ASHOK K MANDA

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PRES () Delete
Name: MADGULA, SWETHA R PRES
Address: 11067 SPRING HILL DR
City-St-Zip: SPRING HILL, FL 34608**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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: SWETHA R MADGULA

PS

01/16/2009

Electronic Signature of Signing Officer or Director

Date