2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2011
Secretary of State

DOCUMENT# P10000011840

Entity Name: FIRST CARE PHARMACY CORP.

Current Principal Place of Business:

10489 N. FLORIDA AVE
UNIT A
CITRUS SPRINGS, FL 34434 US

New Principal Place of Business:

Current Mailing Address:

10489 N. FLORIDA AVE
UNIT A
CITRUS SPRINGS, FL 34434 US

New Mailing Address:

FEI Number: 27-1867321 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OKUNBOR, FRIDAY E
13327 SW 31ST AVE RD
OCALA, FL 34473 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: DR
Name: OKUNBOR, FRIDAY E
Address: 13327 SW 31ST AVE RD
City-St-Zip: OCALA, FL 34473 US

Title: SEC
Name: OKUNBOR, FRIDAY E
Address: 13327 SW 31ST RD
City-St-Zip: OCALA, FL 34473 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: FRIDAY E OKUNBOR DIRE 01/17/2011

Electronic Signature of Signing Officer or Director Date