## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000050060

BRISTOL, FL 32321 US

City-St-Zip:

Entity Name: CARRABELLE MEDICAL PHARMACY, INC.

FILED Jan 08, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 206 MARINE ST SE CARRABELLE, FL 32322 LIS **Current Mailing Address: New Mailing Address:** P.O. BOX 567 CARRABELLE, FL 32322 US FEI Number: 59-3193850 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RABINOWITZ, KAREN S 206 SOUTH MARINE STREET SE CARRABELLE, FL 32322 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: RCPH ( ) Delete Title: () Change () Addition RABINOWITZ, KAREN S Name: Name: 139 POGY ROAD Address: Address: City-St-Zip: APALACHICOLA, FL 32320 US City-St-Zip: Title: CPHT (X) Delete Title: () Change () Addition Name: BROWN, IVY L Name: 580 BRICKYARD ROAD Address: 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: KAREN S. RABINOWITZ RCPH 01/08/2008