

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000066487

Entity Name: NORTH FLORIDA PHARMACY, INC.

FILED  
Jul 10, 2006  
Secretary of State

## Current Principal Place of Business:

347 SW MAIN BLVD  
LAKE CITY, FL 32025

## New Principal Place of Business:

347 SW MAIN BLVD  
SUITE 102  
LAKE CITY, FL 32025

## Current Mailing Address:

347 SW MAIN BLVD  
LAKE CITY, FL 32025

## New Mailing Address:

347 SW MAIN BLVD  
SUITE 102  
LAKE CITY, FL 32025

FEI Number: 59-3199793

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MIDDLETON, J S  
347 SW MAIN BLVD  
SUITES B & C  
LAKE CITY, FL 32025 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ROSENFELD, J  
Address: RT. 4, BOX 845-C  
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete  
Name: MIDDLETON, J S  
Address: 347 SW MAIN BLVD  
City-St-Zip: LAKE CITY, FL 32025

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ROSENFELD, JOEL E VP  
Address: 4706 SW STATE RD 47  
City-St-Zip: LAKE CITY, FL 32025

Title: D (X) Change ( ) Addition  
Name: MIDDLETON, J S PRES.  
Address: 347 SW MAIN BLVD  
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information supplied with this filing does not qualify for the 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: JOEL ROSENFELD

VP

07/10/2006

Electronic Signature of Signing Officer or Director

Date