


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2004 8:00 am**  
**Secretary of State**

02-13-2004 90007 010 \*\*\*150.00

54005941

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # P96000078146</b>   |  |   |   |                       |  |
| <b>1. Entity Name</b><br>COMMCARE PHARMACY, INC.   |  |   |   |  |  |
| <b>Principal Place of Business</b><br>2817 E OAKLAND PARK BLVD<br>STE 301<br>FT LAUDERDALE, FL 33306 US  |  |   | <b>Mailing Address</b><br>200 E LAS OLAS BLVD STE 1800<br>FT LAUDERDALE, FL 33301   |  |  |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b><br>2817 E OAKLAND PARK BLVD   |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |  |  |
| City & State   |  | City & State<br>FT LAUDERDALE FL  |   | <b>4. FEI Number</b><br>65-0708262   |  |
| Zip  |  | Country   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| Zip<br>33306   |  | Country<br>USA  |   | Applied For<br>Not Applicable  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>MCNERNEY, MICHAEL J<br>200 E LAS OLAS BLVD STE 1800<br>FT LAUDERDALE, FL 33301   |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name: PETER LOMBARDI<br>Street Address (P.O. Box Number is Not Acceptable): 2817 E OAKLAND PARK BLVD<br>City: FT. LAUDERDALE FL Zip Code: 33306 |  |  |
| <b>8. 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. I am familiar with, and accept the obligations of registered agent.</b><br>SIGNATURE: <i>Peter Lombardi</i> (NOTE: Registered Agent signature required when reinstating) DATE: 2/11/04  |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>  |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TSP<br>LOMBARDI, PETER<br>3090 NE 44TH ST<br>FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b><br>SIGNATURE: <i>Peter Lombardi</i> DATE: 2/11/04 Daytime Phone # |  |   |   |  |  |