

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000050738

FILED
Mar 16, 2008
Secretary of State

Entity Name: NORTH FLORIDA PHARMACY OF BRANFORD, INC.

Current Principal Place of Business:

101 SW HWY 27
BRANFORD, FL 32008

New Principal Place of Business:

Current Mailing Address:

101 SW HWY 27
BRANFORD, FL 32008

New Mailing Address:

1756 SW BARNETT WAY
LAKE CITY, FL 32025

FEI Number: 59-3452889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRANS, ALFRED
1756 SW BARNETT WAY
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: AL TORRANS II,
Address: PO BOX 1463
City-St-Zip: LAKE CITY, FL 320561463

Title: VP () Delete
Name: MIDDLETON, JAMES SCOTT
Address: PO BOX 1881
City-St-Zip: LAKE CITY, FL 320561881

Title: P () Delete
Name: ROSENFELD, JOEL
Address: RT. 15 BOX 3094
City-St-Zip: LAKE CITY, FL 32024

Title: S () Delete
Name: LAMBERT, CHERRY
Address: PO BOX 65
City-St-Zip: BRANFORD, FL 32008

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: AL TORRANS II

T

03/16/2008

Electronic Signature of Signing Officer or Director

Date