

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000064463

Entity Name: ALPHAMEDS PHARMACY, INC.

FILED  
Feb 21, 2008  
Secretary of State

## Current Principal Place of Business:

487 E. TENNESEE ST  
STE 2  
TALLAHASSEE, FL 32301 US

## New Principal Place of Business:

## Current Mailing Address:

487 E. TENNESEE ST  
STE 2  
TALLAHASSEE, FL 32301 US

## New Mailing Address:

FEI Number: 59-3457696      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HENRY, BUCHANAN, HUDSON, SUBER & WILLIAMS  
% J. STEVEN CARTER  
117 SOUTH GADSDEN STREET  
TALLAHASSEE, FL 32301 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: PM ( ) Delete  
Name: MCCALL, FRANCIS L  
Address: 321 N 9TH ST  
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete  
Name: BEVIS, D'RINDA T  
Address: 2401 HAYS MILL RD  
City-St-Zip: TALLAHASSEE, FL 32301

Title: TM ( ) Delete  
Name: TINDALL, RAYMOND D.  
Address: 2019 WAHALAW NENE  
City-St-Zip: TALLAHASSEE, FL 32314

Title: SM ( ) Delete  
Name: DAISERNIA, FRANK  
Address: 4540 BOWFIN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: DESLOGE, BRYAN  
Address: 3057 HAWKS GLEN  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: ARNOLD, HARRY  
Address: P. O. BOX 4103  
City-St-Zip: TALLAHASSEE, FL 32315

## 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:

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: FRANCIS L. MCCALL

PM

02/21/2008

Electronic Signature of Signing Officer or Director

Date