

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000064463

Entity Name: ALPHAMEDS PHARMACY, INC.

FILED
Apr 29, 2009
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: D (X) Change () Addition
Name: MILLER, JAMES B
Address: 314 JK MOORE RD
City-St-Zip: CRAWFORDVILLE, FL 32327

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

04/29/2009

Electronic Signature of Signing Officer or Director

Date