2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# P98000010848

Entity Name: HHCS PHARMACY, INC.

Current Principal Place of Business:

3901 E COLONIAL DR
ORLANDO, FL 32803

New Principal Place of Business:

3901 E COLONIAL DR
SUITE C
ORLANDO, FL 32803

Current Mailing Address:

3901 E COLONIAL DR
ORLANDO, FL 32803

New Mailing Address:

3901 E COLONIAL DR
SUITE C
ORLANDO, FL 32803

FEI Number: 59-3491362 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEARLMAN, CRAIG ESQ
2 S. ORANGE AVE.
5TH FL.
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

PEARLMAN, CRAIG ESQ
2 S. ORANGE AVE.
5TH FL.
ORLANDO, FL 32802 US

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: 04/26/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ADAMS, N. LOIS
Address: 3901 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803

Title: ASD ( ) Delete
Name: BISZICK, MERYL
Address: 3901 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803

Title: VPD ( ) Delete
Name: MURRAY, LOUIS C
Address: 3901 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803

Title: TD ( ) Delete
Name: MCCULLY, PHILIP
Address: 3901 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803

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: TDVP (X) Change ( ) Addition
Name: MCCULLY, PHILIP
Address: 3901 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803

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: N. LOIS ADAMS P 04/26/2006
Electronic Signature of Signing Officer or Director — Date