2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2010
Secretary of State

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Entity Name: THRIFTYMED,INC.

Current Principal Place of Business:

4345 SOUTHPOINT BOULEVARD
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4345 SOUTHPOINT BOULEVARD
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3498715 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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: PD
Name: CORLESS, GARY
Address: 4345 SOUTHPOINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP
Name: ENGLISH, KEVIN P
Address: 4345 SOUTHPOINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPT
Name: KLARNER, DAVID D
Address: 4345 SOUTHPOINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP
Name: SASEN, JOHN F
Address: 4345 SOUTH POINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP
Name: BRONSON, DAVID M
Address: 4345 SOUTHPOINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

I hereby 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 all other like empowered.

SIGNATURE: DAVID D KLARNER VPT 04/01/2010

Electronic Signature of Signing Officer or Director Date