

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000092612

FILED
Apr 17, 2007
Secretary of State

Entity Name: ASSISTED LIVING PHARMACIES OF FLORIDA, INC.

Current Principal Place of Business:

1200 PORT LANE
SARASOTA, FL 34242 US

New Principal Place of Business:

Current Mailing Address:

1200 PORT LANE
SARASOTA, FL 34242 US

New Mailing Address:

FEI Number: 65-0881367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMISON, JAMES E ESQ.
1800 SECOND STREET, STE. 808
SARASOTA, FL 34236 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: CEO () Delete
Name: GENERALOVICH, NICK
Address: 1407 57TH AVENUE WEST
City-St-Zip: BRADENTON, FL 34207 US

Title: PT () Delete
Name: VETT, JAMES
Address: 1407 57TH AVENUE WEST
City-St-Zip: BRADENTON, FL 34207 US

Title: VPO (X) Delete
Name: GENERALOVICH, STANTON
Address: 1407 57TH AVENUE WEST
City-St-Zip: BRADENTON, FL 34207 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: GENERALOVICH, NICK
Address: 1200 PORT LANE
City-St-Zip: SARASOTA, FL 34242 US

Title: PT (X) Change () Addition
Name: VETT, JAMES
Address: 458 MACEWEN DRIVE
City-St-Zip: OSPREY, FL 34239 US

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

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: NICK GENERALOVICH

CEO

04/17/2007

Electronic Signature of Signing Officer or Director

Date