2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# P99000000307

Entity Name: CYSTIC FIBROSIS PHARMACY, INC.

Current Principal Place of Business:

3901 E COLONIAL DR
SUITE D
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

3901 E COLONIAL DR
SUITE D
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-3550124 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

N. LOIS ADAMS
3901 EAST COLONIAL DRIVE
SUITE D
ORLANDO, FL 32803 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: PSD ( ) Delete
Name: N. LOIS ADAMS,
Address: 3901 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete
Name: DONELSON, BEVERLEY
Address: 3901 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: ADAMS, N. LOIS PRES.
Address: 3901 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803

Title: D (X) Change ( ) Addition
Name: DONELSON, BEVERLEY S DIR.
Address: 3901 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803 US

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

Title: ASD ( ) Change (X) Addition
Name: BISZICK, MERYL A
Address: 3901 E. COLONIAL DR.
City-St-Zip: ORLANDO, FL 32803 US

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 PRES 01/15/2007

Electronic Signature of Signing Officer or Director — Date