

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000000307

FILED
Feb 17, 2011
Secretary of State

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:

3901 E COLONIAL DR
SUITE D
ORLANDO, FL 32803 US

Current Mailing Address:

3901 E COLONIAL DR
SUITE D
ORLANDO, FL 32803

New Mailing Address:

3901 E COLONIAL DR
SUITE D
ORLANDO, FL 32803 US

FEI Number: 59-3550124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, N. LOIS PRES.
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

OFFICERS AND DIRECTORS:

Title: PSD
Name: ADAMS, N. LOIS PRES.
Address: 3901 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803 US

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

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

Title: ASD
Name: BISZICK, MERYL A DIR.
Address: 3901 E. COLONIAL DR.
City-St-Zip: ORLANDO, FL 32803 US

Title: D
Name: LAYISH, DANIEL MD
Address: 3901 E. COLONIAL DR.
City-St-Zip: ORLANDO, FL 32803 US

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: N. LOIS ADAMS

PRES

02/17/2011

Electronic Signature of Signing Officer or Director

Date