2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# P99000075946

Entity Name: PHARMACIST ON-CALL, INC.

Current Principal Place of Business:

199 N. MISSOURI AVENUE
UNIT A102
LARGO, FL 33770

New Principal Place of Business:

527 LAPLAZA AVE
SAINT PETERSBURG, FL 33707

Current Mailing Address:

199 N. MISSOURI AVENUE
UNIT A102
LARGO, FL 33770

New Mailing Address:

527 LAPLAZA AVE
SAINT PETERSBURG, FL 33707

FEI Number: 59-3594429 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'DAZIER, MICHAEL
199 N. MISSOURI AVENUE
UNIT A102
LARGO, FL 33770 US

Name and Address of New Registered Agent:

O'DAZIER, MICHAEL
527 LAPLAZA AVE.
SAINT PETERSBURG, FL 33707 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: 04/27/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: O'DAZIER, MICHAEL
Address: 199 N. MISSOURI AVENUE
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: O'DAZIER, MICHAEL
Address: 527 LAPLAZA AVE.
City-St-Zip: SAINT PETERSBURG, FL 33707

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: MICHAEL O'DAZIER PRES 04/27/2006
Electronic Signature of Signing Officer or Director — Date