

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000111301

Entity Name: GREAT CARE PHARMACY, INC.

FILED  
Mar 22, 2009  
Secretary of State

## Current Principal Place of Business:

17560 NW 27TH AVENUE, STE. 107  
MIAMI GARDENS, FL 33056 US

## New Principal Place of Business:

## Current Mailing Address:

17560 NW 27TH AVENUE, STE. 107  
MIAMI GARDENS, FL 33056 US

## New Mailing Address:

FEI Number: 65-0972569

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NWOFOR, EMMANUEL  
17560 NW 27TH AVENUE  
STE. 107  
MIAMI GARDENS, FL 33056 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: DP ( ) Delete  
Name: NWOFOR, EMMANUEL  
Address: 1852 SW 156TH AVENUE  
City-St-Zip: MIRAMAR, FL 33027 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: EMMANUEL NWOFOR

DP

03/22/2009

Electronic Signature of Signing Officer or Director

Date