

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000051841

**Entity Name:** ISLAND FAMILY PHARMACY, INC.

**Current Principal Place of Business:**

600 PLANTATION ISL DRIVE  
UNIT 3  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

600 PLANTATION ISLAND DR  
UNIT 3  
ST. AUGUSTINE, FL 32080 US

**FEI Number:** 20-0937105

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BLANCO, RYAN  
3485 KINGS RD SOUTH  
ST. AUGUSTINE, FL 32086 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name BLANCO, RYAN  
Address 3485 KINGS ROAD SOUTH  
City-State-Zip: ST. AUGUSTINE FL 32086

Title STD  
Name MCCARTY, ANTHONY OBIE  
Address 4112 CREEKBLUFF DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32086

*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:** RYAN BLANCO

**PRESIDENT**

**01/17/2013**

Electronic Signature of Signing Officer/Director Detail

Date