

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H78562

FILED
Apr 12, 2011
Secretary of State

Entity Name: THE TOWERS PHARMACY, INC.

Current Principal Place of Business:

1717 NORTH E ST
PENSACOLA, FL 325016335 US

New Principal Place of Business:

Current Mailing Address:

1717 NORTH E ST
STE 320, ATTN MARY MATHEWS
PENSACOLA, FL 32501 US

New Mailing Address:

FEI Number: 59-2667929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTER, JOHN
1717 N. E ST.
STE. 320
PENSACOLA, FL 32501 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: P
Name: PORTER, JOHN
Address: 1717 N. E. ST., STE. 320
City-St-Zip: PENSACOLA, FL 32501

Title: AS
Name: PRESSLEY, JAN
Address: 1717 NORTH E . ST., STE. 320
City-St-Zip: PENSACOLA, FL 32501

Title: T
Name: MCGEE, ELEANOR
Address: 1717 NORTH E ST, STE 321
City-St-Zip: PENSACOLA, FL 32501

Title: VP
Name: WILSON, BOB
Address: 1717 NORTH E ST
City-St-Zip: PENSACOLA, FL 32501

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: MARY MATHEWS

AS

04/12/2011

Electronic Signature of Signing Officer or Director

Date