

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J28968

Entity Name: DAN'S PHARMACY, INC.

FILED
Jan 04, 2010
Secretary of State

Current Principal Place of Business:

10205 LAKE CARROLL WAY
TAMPA, FL 336181405

New Principal Place of Business:

10205 LAKE CARROLL WAY
TAMPA, FL 33618

Current Mailing Address:

10205 LAKE CARROLL WAY
TAMPA, FL 336181405

New Mailing Address:

FEI Number: 59-2707373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUCARINO, DAN
10205 LAKE CARROLL WAY
TAMPA, FL 33618 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: P
Name: FUCARINO, DANIEL D.
Address: 10205 LAKE CARROLL WAY
City-St-Zip: TAMPA, FL

Title: VP
Name: FUCARINO, LAURA W.
Address: 10205 LAKE CARROLL WAY
City-St-Zip: TAMPA, FL 33618

Title: S
Name: FUCARINO, MORRIS D.
Address: 8411 SW 60TH AVE
City-St-Zip: BUSHNELL, FL 33513

Title: T
Name: FUCARINO, ANDREW
Address: 3019 PEACOCK LANE
City-St-Zip: TAMPA, FL 33618

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: DAN FUCARINO

P

01/04/2010

Electronic Signature of Signing Officer or Director

_____ Date