

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000134300

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** PRESCRIPTION PLACE OF DEFUNIAK SPRINGS, INC.

**Current Principal Place of Business:**

1337 US HWY 90 WEST  
DEFUNIAK SPRINGS, FL 32433

**New Principal Place of Business:**

**Current Mailing Address:**

1337 US HWY 90 WEST  
DEFUNIAK SPRINGS, FL 32433

**New Mailing Address:**

**FEI Number:** 20-3551317

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEEMS, LORI L ESQ,  
112 E. JEFFERSON  
2ND FLOOR  
TALLAHASSEE, FL 32301 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/D  
Name: ABBOTT, SHANE  
Address: 1337 US HWY 90 WEST  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

Title: S/D  
Name: COLE, CARI  
Address: 1337 US HWY 90 WEST  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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: SHANE G. ABBOTT

P/D

01/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date