

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000026053

FILED  
Apr 02, 2012  
Secretary of State

Entity Name: BJS PHARMACY, INC.

**Current Principal Place of Business:**

400 E. ATLANTIC AVE.  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

400 E. ATLANTIC AVE.  
DELRAY BEACH, FL 33483

**New Mailing Address:**

FEI Number: 65-0571071

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FEINBERG, JEFFREY  
4651 SHERIDAN ST.  
SUITE 300  
HOLLYWOOD, FL 33021 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: D  
Name: YACHBES, BART  
Address: 400 E. ATLANTIC AVE.  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D  
Name: ROSNER, CHARLES  
Address: 15645 COLLINS AVE. APT. 406  
City-St-Zip: MIAMI BEACH, FL 33160

Title: D  
Name: ROSNER, FRANCES  
Address: 254 KATONAH AVE  
City-St-Zip: KATONAH, NY 10536

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: BART YACHBES

D

04/02/2012

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

\_\_\_\_\_ Date