

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 182185

FILED  
Mar 16, 2011  
Secretary of State

Entity Name: COOPERS DRUGS INC

**Current Principal Place of Business:**

700 E. BUSINESS HWY. 98  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 527  
ALBANY, GA 31702 US

**New Mailing Address:**

FEI Number: 59-0730699      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

NORMAN, PAULA B  
700 E. BUSINESS HWY 98  
PANAMA CITY, FL 32401 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: PAULA B NORMAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SHARPE, FRED F  
Address: P. O. BOX 527  
City-St-Zip: ALBANY, GA 31702

Title: D  
Name: SCOTT, LENDON  
Address: 479 FORRESTER RD  
City-St-Zip: DOTHAN, AL 36301

Title: D  
Name: COTTRELL, DANNY  
Address: 2110 WILDWOOD DR  
City-St-Zip: BREWTON, AL 36426

Title: D  
Name: STRICKLAND, MICHAEL  
Address: 1100 CORSBIE ST SW  
City-St-Zip: HARTSELLE, AL 35640

Title: S  
Name: NORMAN, PAULA B  
Address: 1579 US HWY 19 S, STE L  
City-St-Zip: LEESBURG, GA 31763

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: PAULA B NORMAN

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

S

03/16/2011

\_\_\_\_\_  
Date