

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H78562

Entity Name: THE TOWERS PHARMACY, INC.

Current Principal Place of Business:

1717 NORTH E ST
PENSACOLA, FL 32501-6335

Current Mailing Address:

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

FEI Number: 59-2667929

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALLAHAN, ELIZABETH
1717 NORTH E ST.
STE. 320
PENSACOLA, FL 32501 US

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

Officer/Director Detail :

Title	P
Name	PORTER, JOHN
Address	1717 N. E. ST., STE. 320
City-State-Zip:	PENSACOLA FL 32501
Title	T
Name	NOBLES, SHARON
Address	1717 NORTH E ST, STE 321
City-State-Zip:	PENSACOLA FL 32501

Title	SECRETARY
Name	MATHEWS, MARY
Address	1717 NORTH E . ST., STE. 320
City-State-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

S

04/16/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date