

**2022 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 ELIZABETH CALLAHAN  
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	GLEASON, MIKE
Address	1717 NORTH E ST SUITE 320
City-State-Zip:	PENSACOLA FL 32501-6335

Title	SECRETARY
Name	CALLAHAN, ELIZABETH
Address	1717 NORTH E ST STE 320
City-State-Zip:	PENSACOLA FL 32501
Title	EXEC ASST
Name	MULLINS, JAN
Address	1717 N E ST. SUITE 320 ATTN: ELIZABETH CALLAHAN
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:** JAN MULLINS

**EXEC ASST**

**03/16/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date