

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J28968

**Entity Name:** DAN'S PHARMACY, INC.

**Current Principal Place of Business:**

11775 N. DALE MABRY HWY  
TAMPA, FL 33618

**Current Mailing Address:**

11775 N. DALE MABRY HWY  
TAMPA, FL 33618 US

**FEI Number:** 59-2707373

**Certificate of Status Desired:** No

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

FUCARINO, DAN  
11775 N. DALE MABRY HWY  
TAMPA, FL 33618 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 FUCARINO, DANIEL D.  
Address 11775 N. DALE MABRY HWY  
City-State-Zip: TAMPA FL

Title VP  
Name FUCARINO, LAURA W.  
Address 11775 N. DALE MABRY HWY.  
City-State-Zip: TAMPA FL 33618

Title S  
Name FUCARINO, MORRIS D.  
Address 8411 SW 60TH AVE  
City-State-Zip: BUSHNELL FL 33513

Title T  
Name FUCARINO, ANDREW  
Address 3019 PEACOCK LANE  
City-State-Zip: TAMPA FL 33618

*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:** DAN FUCARINO

**PRESIDENT**

**04/11/2014**

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

\_\_\_\_\_  
Date