

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000094669

**Entity Name:** GULF COAST MEDICAL PHARMACY, INC.

**Current Principal Place of Business:**

8359 BEACON BLVD  
213  
FT MYERS, FL 33907

**Current Mailing Address:**

8359 BEACON BLVD  
213  
FT MYERS, FL 33907 US

**FEI Number:** 56-2289411

**Certificate of Status Desired:** No

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

WINESETT, ROBERT WC/O  
2248 FIRST ST.  
FT. MYERS, FL 33902 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           DPS  
Name           GREEN, JEFFREY R  
Address        12900 EAGLE RD  
City-State-Zip: CAPE CORAL FL 33909

*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:** JEFFREY R. GREEN

DPS

05/04/2014

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

\_\_\_\_\_ Date