

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000049076

**Entity Name:** NORTH FLORIDA PHARMACY OF MAYO, INC.

**Current Principal Place of Business:**

229 W MAIN ST.  
MAYO, FL 32066

**Current Mailing Address:**

1756 SW BARNETT WAY  
LAKE CITY, FL 32025

**FEI Number: 13-4244272**

**Certificate of Status Desired:** No

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

TORRANS, ALFRED WII  
1756 SW BARNETT WAY  
LAKE CITY, FL 32025 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 D  
Name ROSENFELD, JOEL E  
Address RT 15 BOX 3094  
City-State-Zip: LAKE CITY FL 32024

Title S  
Name LUMBERT, CHERRY  
Address PO BOX 65  
City-State-Zip: BRANFORD FL 32008

Title P  
Name NOLING, VICKY S  
Address 9320 232ST  
City-State-Zip: O'BRINE FL 32071

Title VP  
Name MIDDLETON, JAMES S  
Address PO BOX 1881  
City-State-Zip: LAKE CITY FL 32056

Title T  
Name TORRANS II, ALFRED WII  
Address PO BOX 1463  
City-State-Zip: LAKE CITY FL 32056

*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: ALFRED W TORRANS II**

**T**

**04/17/2014**

Electronic Signature of Signing Officer/Director Detail

Date