

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000134300

**FILED**  
**Jan 17, 2018**  
**Secretary of State**  
**CC4911653324**

**Entity Name:** PRESCRIPTION PLACE OF DEFUNIAK SPRINGS, INC.

**Current Principal Place of Business:**

1337 US HWY 90 WEST  
DEFUNIAK SPRINGS, FL 32433

**Current Mailing Address:**

1337 US HWY 90 WEST  
DEFUNIAK SPRINGS, FL 32433

**FEI Number:** 20-3551317

**Certificate of Status Desired:** Yes

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

WEEMS, LORI K P.A.  
5810-B HIGHWAY 189 NORTH  
BAKER, FL 32531 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/D  
Name ABBOTT, SHANE  
Address 1337 US HWY 90 WEST  
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title S/D  
Name COLE, CARI  
Address 1337 US HWY 90 WEST  
City-State-Zip: DEFUNIAK SPRINGS FL 32433

*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:** CARI COLE

**OWNER**

**01/17/2018**

Electronic Signature of Signing Officer/Director Detail

Date