

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000163570

Entity Name: NORTH FLORIDA PHARMACY OF MADISON, INC.**Current Principal Place of Business:**1756 SW BARNETT WAY
LAKE CITY, FL 32025**Current Mailing Address:**1756 SW BARNETT WAY
LAKE CITY, FL 32025 US**FEI Number:** 20-3974955**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	P/
Name	TORRANS, ALFRED WII
Address	1756 SW BARNETT WAY
City-State-Zip:	LAKE CITY FL 32025

Title	S
Name	TORRANS, ALFRED WII
Address	1756 SW BARNETT WAY
City-State-Zip:	LAKE CITY FL 32025

Title	T
Name	TORRANS, ALFRED WII
Address	1756 SW BARNETT WAY
City-State-Zip:	LAKE CITY FL 32025

Title	VP
Name	ROSENFELD, JOEL
Address	4706 SW SR 47
City-State-Zip:	LAKE CITY FL 32024

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 11**PRESIDENT****01/27/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date