

2017 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

PRES.

04/19/2017

Electronic Signature of Signing Officer/Director Detail

Date