

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000018725

Entity Name: QUALITY SPECIALTY PHARMACY OF JACKSONVILLE INC

Current Principal Place of Business:

6680 POWERS AVE #110
JACKSONVILLE, FL 32217

Current Mailing Address:

P.O. BOX 16159
TEMPLE TERRACE, FL 33687-6159 US

FEI Number: 80-0687983

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AXEN, SOFIA
1227 E MADISON STREET
504 N
TAMPA, FL 33602 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 AXEN, SOFIA
Address 1227 E MADISON STREET
City-State-Zip: TAMPA FL 33602

Title V
Name PINHASOV, VADIM
Address 20327 CHESTNUT GROVE DR.
City-State-Zip: TAMPA FL 33647

Title SV
Name BABENKO, EUGENE
Address 20327 CHESTNUT GROVE DR.
City-State-Zip: TAMPA FL 33647

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: VADIM PINHASOV

VP

02/20/2015

Electronic Signature of Signing Officer/Director Detail

Date