

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000026053

**Entity Name:** BJS PHARMACY, INC.

**Current Principal Place of Business:**

400 E. ATLANTIC AVE.  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

400 E. ATLANTIC AVE.  
DELRAY BEACH, FL 33483

**FEI Number:** 65-0571071

**Certificate of Status Desired:** No

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

FEINBERG, JEFFREY  
4651 SHERIDAN ST.  
SUITE 300  
HOLLYWOOD, FL 33021 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            YACHBES, BART  
Address        400 E. ATLANTIC AVE.  
City-State-Zip: DELRAY BEACH FL 33483

Title            D  
Name            ROSNER, CHARLES  
Address        15645 COLLINS AVE. APT. 406  
City-State-Zip: MIAMI BEACH FL 33160

*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:** BART YACHBES

**DIRECTOR**

**01/26/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date