

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000005575

**Entity Name:** ASSOCIATED PHARMACIES, INC.

**Current Principal Place of Business:**

211 LONNIE E. CRAWFORD BLVD  
SCOTTSBORO, AL 35769

**Current Mailing Address:**

211 LONNIE E. CRAWFORD BLVD  
SCOTTSBORO, AL 35769

**FEI Number:** 63-0955621

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 SECRETARY, TREASURER  
Name FOSHEE, KEVIN  
Address 211 LONNIE E. CRAWFORD BLVD  
City-State-Zip: SCOTTSBORO AL 35769

Title PRESIDENT  
Name KING, CLINT  
Address 211 LONNIE E. CRAWFORD BLVD  
City-State-Zip: SCOTTSBORO AL 35769

Title DIRECTOR  
Name WAGNER, LAURA  
Address 734 HWY 270 E  
City-State-Zip: MOUNT IDA AR 71957

Title DIRECTOR  
Name PIGG, GRAHAM  
Address 2622 E MAIN STREET  
City-State-Zip: LINCOLNTON NC 28092

Title DIRECTOR  
Name REDDISH, KEVIN  
Address 211 LONNIE E. CRAWFORD BLVD  
City-State-Zip: SCOTTSBORO AL 35769

*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:** KEVIN FOSHEE

**SECRETARY**

**04/18/2023**

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

\_\_\_\_\_  
Date