

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003309

Entity Name: AMERICAN ASSOCIATED PHARMACIES INC.

Current Principal Place of Business:

211 LONNIE E. CRAWFORD BOULEVARD
SCOTTSBORO, AL 35769

FILED
Apr 21, 2016
Secretary of State
CC2262993161

Current Mailing Address:

211 LONNIE E. CRAWFORD BOULEVARD
SCOTTSBORO, AL 35769 US

FEI Number: 27-0457933

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 PRESIDENT
Name COPELAND, JON
Address 211 LONNIE E. CRWAFORD BLVD.
City-State-Zip: SCOTTSBORO AL 35769

Title SECRETARY, TREASURER
Name CARLIN, PAUL
Address 211 LONNIE E. CRAWFORD BLVD.
City-State-Zip: SCOTTSBORO AL 35769

Title DIRECTOR
Name STEVERSON, WILLIAM
Address 1242 MAIN STREET
City-State-Zip: CHIPLEY FL 32428

Title DIRECTOR
Name STEPHENS, SPENCER
Address 13521 SHELBY COUNTY 280, STE 245
City-State-Zip: BIRMINGHAM AL 35242

Title DIRECTOR
Name DINGMAN, DAVID
Address 464 MAIN ST
City-State-Zip: PHOENIX NY 13135

Title DIRECTOR
Name YOUNG, JEFF
Address 1095B NORTH TAMIAMI TRAIL
City-State-Zip: NOKOMIS FL 32475

Title DIRECTOR
Name PREPUTIN, DOMINIQUE
Address P.O. BOX 631
City-State-Zip: HAVRE MT 59501

Title DIRECTOR
Name MARTINEZ, SONIA
Address 6627 SOUTH DIXIE HWY
City-State-Zip: MIAMI FL 33134

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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: PAUL CARLIN

SECRETARY

04/21/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MITCHELL, GREG
Address 221 WEST HALL STREET
City-State-Zip: HATCH NM 87937

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

Title DIRECTOR
Name VASOYA, JACK
Address 752 E. ARROW HIGHWAY
City-State-Zip: POMONA CA 91767

Title DIRECTOR
Name MEYER, JOSEPH
Address 1 S MAIN STREET
City-State-Zip: SHERIDAN WY 82801

Title DIRECTOR
Name DALTON, JOE
Address 141 S DALTON ST
City-State-Zip: SLOCOMB AL 36375