

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000003309

**Entity Name:** AMERICAN 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:** 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 PCEO  
Name COPELAND, JON  
Address 211 LONNIE E. CRWAFORD BLVD.  
City-State-Zip: SCOTTSBORO AL 35769

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

Title D  
Name STANDEFER, JOEL  
Address 119 S. MAIN STREET  
City-State-Zip: PIKEVILLE TN 37367

Title D  
Name GLISSON, GARY  
Address 117 W CHURCH STREET  
City-State-Zip: NASHVILLE NC 27856

*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**

**04/19/2013**

Electronic Signature of Signing Officer/Director Detail

Date