

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003309

FILED
Apr 18, 2017
Secretary of State
CC3260388348

Entity Name: AMERICAN ASSOCIATED PHARMACIES INC.

Current Principal Place of Business:

201 LONNIE E. CRAWFORD BOULEVARD
SCOTTSBORO, AL 35769

Current Mailing Address:

201 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 201 LONNIE E. CRAWFORD
 BOULEVARD
City-State-Zip: SCOTTSBORO AL 35769

Title SECRETARY, TREASURER
Name FOSHEE, KEVIN
Address 201 LONNIE E. CRAWFORD
 BOULEVARD
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 MARTINEZ, SONIA
Address 6627 SOUTH DIXIE HWY
City-State-Zip: MIAMI FL 33134

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

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

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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: KEVIN FOSHEE

SECRETARY

04/18/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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 HARRELL, JEFF
Address 101 1ST AVENUE S
City-State-Zip: ILWACO WA 98624

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

Title DIRECTOR
Name NORBERG, JAY
Address 101 WEST MAIN STREET
City-State-Zip: PIPESTONE MN 56164