

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 236836

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** VILLAGE SQUARE PHARMACY, INC.

**Current Principal Place of Business:**

1955 SOUTHCREEK BLVD  
DAYTONA BEACH, FL 32128

**New Principal Place of Business:**

1070 E INDIANTOWN RD  
200  
JUPITER, FL 33477

**Current Mailing Address:**

1955 SOUTHCREEK BLVD  
DAYTONA BEACH, FL 32128

**New Mailing Address:**

1070 E INDIANTOWN RD  
200  
JUPITER, FL 33477

**FEI Number:** 59-0906535

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARNETT, WILLIAM M.  
1955 SOUTHCREEK BLVD  
DAYTONA BEACH, FL 32128 US

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

BARNETT, WILLIAM M.  
1070 E INDIANTOWN RD  
200  
JUPITER, FL 33477 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

04/27/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BARNETT, WILLIAM M.  
Address: 1070 E INDIANTOWN RD #200  
City-St-Zip: JUPITER,, FL 33477

Title: V  
Name: BARNETT, MARY JO  
Address: 1070 E INDIANTOWN RD #200  
City-St-Zip: JUPITER, FL 33477

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: MARY JO BARNETT

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

V

04/27/2011

\_\_\_\_\_  
Date