2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 254281

Entity Name: PEARL STREET PHARMACY, INC.

FILED Oct 10, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

JAMES PHILLIP BROWN 312 W 8TH ST. JACKSONVILLE, FL 32206

Current Mailing Address: New Mailing Address:

JAMES PHILLIP BROWN 312 W 8TH ST. JACKSONVILLE, FL 32206

FEI Number: 59-0941425 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BROWN, JAMES PHILIP

1342 MARLLEE ROAD

335 W 8TH STREET

SWITZERLAND, FL 32259 US JACKSONVILLE, FL 32206 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: JAMES P. BROWN 10/10/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: BROWN, JAMES P Address: 1342 MARLEE RD

City-St-Zip: SWITZERLAND, FLA 00000, FL 32206

Title: D

Name: HAGERAHAMA, AFAFF BROWN

Address: 500 ACME ST #1204 City-St-Zip: JACKSONVILLE, FL 32211

Title: D

 Name:
 BROWN, JOHN P

 Address:
 335 WEST 8TH ST

 City-St-Zip:
 JACKSONVILLE, FL 32206

Title: D

Name: GOINS, ANNETTE Address: 1303 LAURA ST

City-St-Zip: JACKSONVILLE, FL 32206

Title: SEC

Name: JOHNSON, SHANEKA Address: 335 W 8TH ST

City-St-Zip: JACKSONVILLE, FL 32206

Title:

Name: BROWN, JAMES
Address: PO BOX 72

City-St-Zip: SUMMERLAND, CA 93067

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: JAMES PHILLIP BROWN PD 10/10/2011