

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 259348

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** BROWNING'S PHARMACY AND HEALTH CARE, INC.

**Current Principal Place of Business:**

141 E HIBISCUS BLVD  
MELBOURNE, FL 32901 US

**New Principal Place of Business:**

**Current Mailing Address:**

141 E HIBISCUS BLVD  
MELBOURNE, FL 32901 US

**New Mailing Address:**

**FEI Number:** 59-0968152

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWNING, GEORGE  
141 E HIBISCUS BLVD  
MELBOURNE, FL 32901 US

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

HUNTER, COLLEEN  
141 E HIBISCUS BLVD  
MELBOURNE, FL 32901 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:** COLLEEN HUNTER

01/04/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** HUNTER, COLLEEN PD  
**Address:** 141 E HIBISCUS BLVD  
**City-St-Zip:** MELBOURNE, FL 32901

**Title:** VP  
**Name:** HUNTER, JAMES W VP  
**Address:** 141 E HIBISCUS BLVD  
**City-St-Zip:** MELBOURNE, FL 32901

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:** COLLEEN HUNTER

PD

01/04/2011

Electronic Signature of Signing Officer or Director

Date