

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # 260833

1. Entity Name
GULFSTREAM PHARMACY, INC.



Principal Place of Business

4998 N. OCEAN BLVD
BOYNTON BEACH, FL- 33435

Mailing Address

4998 N. OCEAN BLVD
BOYNTON BEACH, FL 33435



04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0974311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRAIG, THOMAS R
4998 NORTH OCEAN BLVD.
BOYNTON BEACH, FL 33435

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000902587
04/30/08-80012-002 150.00

10. OFFICERS AND DIRECTORS

TITLE PT
NAME CRAIG, THOMAS R
STREET ADDRESS 4760 GLEEN PINE LN
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE VPS
NAME STRUCKER, ERIN C
STREET ADDRESS 4760 GLEEN PINE LN
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08

Date

Daytime Phone #