

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 350319

Entity Name: R.B. WATSON PHARMACY, INC.

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

16 W WALL STREET  
FROSTPROOF, FL 33843

**New Principal Place of Business:**

**Current Mailing Address:**

16 W WALL STREET  
FROSTPROOF, FL 33843

**New Mailing Address:**

FEI Number: 59-1269140

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LE FILS, JAMES R  
16 WEST WALL STREET  
FROSTPROOF, FL 33843 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LEFILS, JAMES R.  
Address: 16 W. WALL ST.  
City-St-Zip: FROSTPROOF, FL

Title: VD  
Name: LEFILS,CAROLYN  
Address: 16 W. WALL ST.  
City-St-Zip: FROSTPROOF, FL

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: CAROLYNN W LE FILS

VP

01/03/2011

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

\_\_\_\_\_  
Date