

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 393365

FILED  
Mar 30, 2011  
Secretary of State

**Entity Name:** KEYSTONE POINT MEDICAL PHARMACY, INC.

**Current Principal Place of Business:**

1015 KANE CONCOURSE  
BAY HARBOR ISLANDS, FL 33154 US

**New Principal Place of Business:**

**Current Mailing Address:**

1015 KANE CONCOURSE  
BAY HARBOR ISLANDS, FL 33154 US

**New Mailing Address:**

FEI Number: 59-1371283

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLANCHE, PRINE  
6051 N. BAY ROAD  
MIAMI BEACH, FL 33140 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: PRINE, MELVIN B.  
Address: 6051 N BAY RD  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: ST  
Name: PRINE, BLANCHE  
Address: 6051 N BAY RD  
City-St-Zip: MIAMI BEACH, FL 33140 US

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: BLANCHE PRINE

S/T

03/30/2011

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

\_\_\_\_\_ Date