

403347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

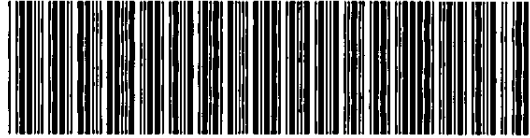
(Business Entity Name)

(Document Number)

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C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Goodman Drugs, Inc.
Name of Corporation

DOCUMENT NUMBER: 403347

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHERINE BAHNA

Name of Contact Person

Firm/Company

1052 S POWERLINE RD

Address

DEERFIELD BEACH, FL. 33442

City/State and Zip Code

SHERINE@MEDSOLUTIONS.INFO

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHERINE BAHNA

Name of Contact Person

at (**561**) **602-5383**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: GOODMAN DRUGS, INC.
- 2. The principal office address: 1234 NE 4TH AVENUE, SUITE C FORT LAUDERDALE, FL 33304
- 3. The mailing address (if different): 1052 S. POWERLINE RD. DEERFIELD BEACH, FL 33442
- 4. Date of incorporation/qualification: 6/20/1972 Document number: 403347

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

GLASSER, ELAINE G. - resigned
708 NE 20TH DRIVE
WILTON MANORS, FL 33305

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 TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

AKRAM GIRGIS
1052 S POWERLINE RD
P.O. Box NOT acceptable
DEERFIELD BEACH, FL 33442

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

A. Girgis
 Signature of an officer or director

A. Girgis
 Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

A. Girgis
 Signature of Registered Agent

8-25-16
 Date

If signing on behalf of an entity:

Akram Girgis
 Typed or Printed Name

*** FILING FEE: \$35.00 ***