

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 627463

FILED  
Jul 20, 2009  
Secretary of State

Entity Name: OCEAN SIDE PHARMACY, INC.

## Current Principal Place of Business:

1118 COLONNADES DRIVE  
FT PIERCE, FL 34949

## New Principal Place of Business:

1118 COLONNADES DRIVE  
FT PIERCE, FL 34949 US

## Current Mailing Address:

1118 COLONNADES DRIVE  
FT PIERCE, FL 34949

## New Mailing Address:

1118 COLONNADES DRIVE  
FT PIERCE, FL 34949 US

FEI Number: 59-1913520

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SESKIN, LARRIE  
601 S.E DAR LANE  
PORT ST. LUCIE, FL 34984 US

## Name and Address of New Registered Agent:

SESKIN, KIM R  
601 S.E DAR LANE  
PORT ST. LUCIE, FL 34984 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: KIM RIDEMAN SESKIN

07/20/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SESKIN, LARRIE  
Address: 601 S.E. DAR LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: VSTD (X) Delete  
Name: SESKIN, KIM  
Address: 601 S.E. DAR LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34984

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VS (X) Change ( ) Addition  
Name: SESKIN, KIM R  
Address: 601 S.E. DAR LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34984 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KIM RIDEMAN SESKIN

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07/20/2009

Electronic Signature of Signing Officer or Director

Date