

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 645490

Entity Name: EASTWOOD PHARMACY, INC.

FILED  
Jan 16, 2011  
Secretary of State

**Current Principal Place of Business:**

1605 EAST PLAZA DRIVE  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1605 EAST PLAZA DRIVE  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 59-1952550

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRAFFORD, RICHARD ALAN  
1605 EAST PLAZA DRIVE  
TALLAHASSEE, FL 32308 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: BRAFFORD, RICHARD A  
Address: 5100 CENTENNIAL OAK CIR  
City-St-Zip: TALLAHASSEE, FL 00000,

Title: VP  
Name: BRAFFORD, SUSAN S  
Address: 5100 CENTENNIAL OAKS E  
City-St-Zip: TALLAHASSEE, FL 32308

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: RICHARD A. BRAFFORD

PRES

01/16/2011

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

\_\_\_\_\_  
Date