2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2011
Secretary of State

DOCUMENT# G04434

Entity Name: NORTH BEACHES PHARMACY, INC.

Current Principal Place of Business:

1510 PENMAN ROAD
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

1510 PENMAN ROAD
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

FEI Number: 59-2230796 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLAND, R. MICHAEL
2333 BEACHCOMBER TRAIL
ATLANTIC BEACH, FL 32233 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: POLAND, MICHAEL
Address: 2333 BEACHCOMBER TRAIL
City-St-Zip: ATLANTIC BEACH, FL 32233

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: R. MICHAEL POLAND, RPH PD 03/16/2011

Electronic Signature of Signing Officer or Director Date