

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G96547

FILED
Mar 21, 2011
Secretary of State

Entity Name: CYPRESS PHARMACY, INC.

Current Principal Place of Business:

9371 CYPRESS LAKE DRIVE
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

9371 CYPRESS LAKE DRIVE
FT. MYERS, FL 33919

New Mailing Address:

FEI Number: 59-2424113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEPAOLA, THOMAS J. II
402 SE 17TH PLACE
CAPE CORAL, FL 33990 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: DEPAOLA, THOMAS J. II
Address: 402 SE 17TH PLACE
City-St-Zip: CAPE CORAL, FL 33990

Title: VP
Name: DEPAOLA, THOMAS J I
Address: 407 SE 17TH AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: SEC
Name: DEBRA, DEPAOLA A
Address: 407 SE 17TH AVE
City-St-Zip: CAPE CORAL, FL 33990

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: TJ DEPAOLA

PD

03/21/2011

Electronic Signature of Signing Officer or Director

Date