

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G98549

Entity Name: LAGE PHARMACY, INC.

FILED  
Apr 19, 2011  
Secretary of State

**Current Principal Place of Business:**

3485 WEST FLAGLER STREET  
SUITE 200  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

3485 WEST FLAGLER STREET  
SUITE 200  
MIAMI, FL 33135

**New Mailing Address:**

FEI Number: 59-2422575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MUSTAFA, MARIA E  
3485 W. FLAGLER ST.  
SUITE 200  
MIAMI, FL 33135 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: PVST  
Name: MUSTAFA, MARIA E  
Address: 3485 W. FLAGLER ST. SUITE 200  
City-St-Zip: MIAMI, FL 33135

Title: D  
Name: MUSTAFA, MARIA E  
Address: 3485 W. FLAGLER ST., SUITE 200  
City-St-Zip: MIAMI, FL 33135

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: MARIA E MUSTAFA

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04/19/2011

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

\_\_\_\_\_  
Date