2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2011
Secretary of State

DOCUMENT# H13682

Entity Name: GATEWAY PRESCRIPTION CENTER, INC.

Current Principal Place of Business:

BAYA PHARMACY EAST
780 SE BAYA DR
LAKE CITY, FL 32025 US

New Principal Place of Business:

Current Mailing Address:

BAYA PHARMACY EAST
780 SE BAYA DR
LAKE CITY, FL 32025 US

New Mailing Address:

FEI Number: 59-2435745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NORRIS, JOHN E
253 NW MAIN BLVD
LAKE CITY, FL 32055 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: DP
Name: ALLISON, CARL
Address: 884 NW SCENIC LAKE DRIVE
City-St-Zip: LAKE CITY, FL 32055

Title: DS
Name: ALLISON, JOAN
Address: 884 NW SCENIC LAKE DR
City-St-Zip: LAKE CITY, FL 32055

Title: V
Name: ALLISON, JARED
Address: 884 NW SCENIC LAKE DR
City-St-Zip: LAKE CITY, FL 32055

Title: AS
Name: ALLISON, MICHELE
Address: 884 NW SCENIC LAKE DR
City-St-Zip: LAKE CITY, FL 32055

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: JOAN ALLISON SEC 03/07/2011

Electronic Signature of Signing Officer or Director — Date