

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H21719

1. Entity Name
PIERSON COMMUNITY PHARMACY, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 29 PM 2:08

06

05/02/06 90224 021 \$150.00



Principal Place of Business
112 EAST FIRST AVE
PIERSON, FL 32180 US

Mailing Address
112 EAST FIRST AVE
PIERSON, FL 32180 US

2. Principal Place of Business

3. Mailing Address

09272006 REIN-P CR2E098 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2448522

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANCIS, HANAN
617 PELICAN BAY DR.
DAYTONA BEACH, FL 32119

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete
NAME FRANCIS, HANAN
STREET ADDRESS 617 PELICAN BAY DRIVE
CITY-ST-ZIP DAYTONA BEACH, FL 32119

TITLE VPS ☐ Delete
NAME EIDT, JOHN C J.D.
STREET ADDRESS 639 E PENNSYLVANIA AVE
CITY-ST-ZIP DELAND, FL 32724

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900080206879
CITY-ST-ZIP 09/29/06--01051--019 **600.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-27-06 (386) 822-9027

Date

Daytime Phone #