

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J28968

Entity Name: DAN'S PHARMACY, INC.

FILED  
Jan 04, 2011  
Secretary of State

**Current Principal Place of Business:**

10205 LAKE CARROLL WAY  
TAMPA, FL 33618

**New Principal Place of Business:**

10205 LAKE CARROLL WAY  
TAMPA, FL 33618 US

**Current Mailing Address:**

10205 LAKE CARROLL WAY  
TAMPA, FL 336181405

**New Mailing Address:**

10205 LAKE CARROLL WAY  
TAMPA, FL 336181405 US

FEI Number: 59-2707373

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FUCARINO, DAN  
10205 LAKE CARROLL WAY  
TAMPA, FL 33618 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: P  
Name: FUCARINO, DANIEL D.  
Address: 10205 LAKE CARROLL WAY  
City-St-Zip: TAMPA, FL

Title: VP  
Name: FUCARINO, LAURA W.  
Address: 10205 LAKE CARROLL WAY  
City-St-Zip: TAMPA, FL 33618

Title: S  
Name: FUCARINO, MORRIS D.  
Address: 8411 SW 60TH AVE  
City-St-Zip: BUSHNELL, FL 33513

Title: T  
Name: FUCARINO, ANDREW  
Address: 3019 PEACOCK LANE  
City-St-Zip: TAMPA, FL 33618

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: DAN FUCARINO

PRES

01/04/2011

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

\_\_\_\_\_ Date