# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 03, 2012**
**Secretary of State**

DOCUMENT# J43929

**Entity Name:** TRI-PALM PHARMACY, INC.

**Current Principal Place of Business:**

5703 INVERNESS CIR
NORTH FORT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

5703 INVERNESS CIR
NORTH FORT MYERS, FL 33903

**New Mailing Address:**

**FEI Number: 59-2748437** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

PINTA, SCOTT
5703 INVERNESS CIRCLE NW
N. FORT MYERS, FL 33903 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: PINTA, SCOTT
Address: 5703 INVERNESS CIR. NW
City-St-Zip: FORT MYERS, FL 33903

Title: SD
Name: PINTA, JADE
Address: 5703 INVERNESS CIR. NW
City-St-Zip: FORT MYERS, FL 33903

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: SCOTT PINTA PD 01/03/2012

Electronic Signature of Signing Officer or Director Date