

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L10090

FILED  
Jan 31, 2011  
Secretary of State

**Entity Name:** WESTCOAST PROFESSIONAL PHARMACY, INC.

**Current Principal Place of Business:**

501 S LINCOLN AVE  
SUITE 10  
CLEARWATER, FL 33756 US

**New Principal Place of Business:**

**Current Mailing Address:**

501 S LINCOLN AVE  
SUITE 10  
CLEARWATER, FL 33756 US

**New Mailing Address:**

**FEI Number:** 59-2974701

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LADSON, LOUIS F.  
7205 SOUTH WESTSHORE BLVD.  
TAMPA, FL 33616 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: LADSON, LOUIS F.  
Address: 7205 S. WESTSHORE BLVD.  
City-St-Zip: TAMPA, FL 33616

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: LOUIS F LADSON

PRES

01/31/2011

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

\_\_\_\_\_  
Date