

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000078568

FILED
Mar 16, 2011
Secretary of State

Entity Name: PHARMACY INVESTMENT COORDINATORS (PIC, INC.)

Current Principal Place of Business:

1579 US HWY 19 SOUTH
SUITE L
LEESBURG, GA 31763

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 547
ALBANY, GA 31702

New Mailing Address:

FEI Number: 59-3737369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NORMAN, PAULA B
302 CECIL G COSTON SR BLVD
PORT ST JOE, FL 32456 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: PAULA B NORMAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SHARPE, FRED F
Address: 1579 US HWY 19 SOUTH SUITE L
City-St-Zip: LEESBURG, GA 31763

Title: S
Name: NORMAN, PAULA B
Address: 1579 US HWY 19 SOUTH SUITE L
City-St-Zip: LEESBURG, GA 31763

Title: D
Name: SCOTT, LENDON
Address: 2021 ALEXANDER ST
City-St-Zip: DOTHAN, AL 36301

Title: D
Name: COTTRELL, DANIEL
Address: 114 BROOKS BLVD
City-St-Zip: BREWTON, AL 36426

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: PAULA B NORMAN

S

03/16/2011

Electronic Signature of Signing Officer or Director

Date