

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043691

Entity Name: BIG LAKE PHARMACY, INC.

FILED  
Apr 19, 2011  
Secretary of State

**Current Principal Place of Business:**

203 S.W. PARK STREET  
SUITE B  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

**Current Mailing Address:**

203 S.W. PARK STREET  
SUITE B  
OKEECHOBEE, FL 34974

**New Mailing Address:**

FEI Number: 01-0676985

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NELSON, STEVEN D  
203 S.W. PARK STREET  
OKEECHOBEE, FL 34974 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: NELSON, STEVEN D  
Address: 203 S.W. PARK STREET  
City-St-Zip: OKEECHOBEE, FL 34974

Title: VSTD  
Name: NELSON, ANDREA  
Address: 203 S.W. PARK STREET  
City-St-Zip: OKEECHOBEE, FL 34974

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: STEVEN NELSON

PD

04/19/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date