

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000129621

FILED
Mar 18, 2012
Secretary of State

Entity Name: CAREPOINT PHARMACY, INC.

Current Principal Place of Business:

1400 HAND AVE
SUITE O
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

1400 HAND AVE
SUITE O
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 90-0335884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ISEMIN, EKAETTE
1400 HAND AVE
SUITE O
ORMOND BEACH, FL 32174 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: PRES
Name: EKATTE, ISEMIN
Address: 2700 MYSTIC COVE DR
City-St-Zip: ORLANDO, FL 32812

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: EKAETTE ISEMIN

PRES

03/18/2012

Electronic Signature of Signing Officer or Director

Date