

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000051605

Entity Name: PHARMACYMAX, INC.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

513 W. COLONIAL DR  
SUITE 4  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 22302  
ORLANDO, FL 32830

**New Mailing Address:**

FEI Number: 56-2356640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET, 4TH FLOOR  
MIAMI, FL 33145 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: PSTD  
Name: BELAL, MOHAMED DR.  
Address: PO BOX 22302  
City-St-Zip: ORLANDO, FL 32830

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: MOHAMED BELAL

PSTD

04/20/2011

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

\_\_\_\_\_  
Date