

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000075232

Entity Name: PHARM DISCOUNTS, INC.

**FILED**  
**Dec 08, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

1220 RIVERLAND RD  
SUITE 220  
FORT LAUDERDALE, FL 33312

## **New Principal Place of Business:**

2360 SW 15TH ST.  
FORT LAUDERDALE, FL 33312

## **Current Mailing Address:**

1220 RIVERLAND RD  
SUITE 220  
FORT LAUDERDALE, FL 33312

## **New Mailing Address:**

2360 SW 15TH ST.  
FORT LAUDERDALE, FL 33312

FEI Number: 27-0063168

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KENNEDY, MELINDA B  
2360 SW 15TH ST  
FT. LAUDERDALE, FL 33312 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: MELINDA B. KENNEDY

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PTD  
Name: KENNEDY, MELINDA B  
Address: 2360 SW 15TH ST.  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VSD  
Name: KENNEDY, MELINDA A  
Address: 808 SE 12TH ST  
City-St-Zip: FORT LAUDERDALE, FL 33316

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: MELINDA B KENNEDY

PDT

12/08/2010

Electronic Signature of Signing Officer or Director

Date