

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000150161

Entity Name: WOOLLEY'S PHARMACY, INC.

**FILED**  
**Mar 23, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

3761 E TAMIAMI TRAIL  
NAPLES, FL 341126215 US

**New Principal Place of Business:**

**Current Mailing Address:**

3761 E TAMIAMI TRAIL  
NAPLES, FL 341126215 US

**New Mailing Address:**

FEI Number: 20-0498095

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FRABUTT, PETER J  
9220 BONITA BCH RD STE 105  
BONITA SPRINGS, FL 34135 US

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

FRABUTT, PETER J  
3920 VIA DEL REY  
BONITA SPRINGS, FL 34135 US

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: PETER J. FRABUTT

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CAMMUSO, PAUL P  
Address: 3761 E TAMIAMI TRAIL  
City-St-Zip: NAPLES, FL 341126215

Title: ST ( ) Delete  
Name: CAMMUSO, ANNA MARIE  
Address: 3761 EAST TAMIAMI TRAIL  
City-St-Zip: NAPLES, FL 341126215 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL P. CAMMUSO

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date