

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000031785

**FILED**  
**Jan 09, 2011**  
**Secretary of State**

**Entity Name:** SOUTH POINT PHARMACY CORP.

**Current Principal Place of Business:**

1835 W FLAGLER ST STE 204  
MIAMI, FL 33135

**New Principal Place of Business:**

1835 W FLAGLER ST  
SUITE 204  
MIAMI, FL 33135

**Current Mailing Address:**

PO BOX 431469  
MIAMI, FL 33243

**New Mailing Address:**

**FEI Number:** 20-0744539

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SUAREZ, NELSON  
1835 W FLAGLER ST STE 204  
MIAMI, FL 33135 US

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

SUAREZ, NELSON D  
1835 W FLAGLER ST S  
SUITE 204  
MIAMI, FL 33135 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: NELSON SUAREZ

01/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SUAREZ, NELSON  
Address: PO BOX 431469  
City-St-Zip: MIAMI, FL 33243

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: NELSON SUAREZ

D

01/09/2011

Electronic Signature of Signing Officer or Director

Date