

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000126382

Entity Name: KARE PHARMACY INC.

**FILED**  
**Feb 02, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2901 CORAL HILLS DRIVE @210  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

2901 CORAL HILLS DRIVE @210  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

FEI Number: 20-1593209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEINER, RICHARD M  
2901 CORAL HILLS DRIVE @210  
CORAL SPRINGS, FL 33065 US

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

WEINER, RICHARD M  
6979 NW 113TH AVE  
PARKLAND, FL 33076 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: RICHARD M WEINER

02/02/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WEINER, RICHARD M MR  
Address: 6979 NW 113TH AVENUE  
City-St-Zip: PARKLAND, FL 33076

Title: VP  
Name: WEINER, KAREN MRS  
Address: 6979 NW 113TH AVENUE  
City-St-Zip: PARKLAND, FL 33076

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: RICHARD M WEINER

PRES

02/02/2012

Electronic Signature of Signing Officer or Director

Date