

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000129506

**FILED**  
**Jan 07, 2012**  
**Secretary of State**

**Entity Name:** CENTER CITY PHARMACY, INC.

**Current Principal Place of Business:**

420 CLEMATIS STREET  
STE A  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

420 CLEMATIS STREET  
STE A  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 01-0820320

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIVERA, JOEL  
109 IVY LAKES DRIVE  
JACKSONVILLE, FL 32259 US

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

RIVERA, JOEL  
328 BLACKTHORN PLACE  
SAINT JOHNS, FL 32259 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:** JOEL RIVERA

01/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** RIVERA, JOEL  
**Address:** 328 BLACKTHORN PLACE  
**City-St-Zip:** SAINT JOHNS, FL 32259

**Title:** D  
**Name:** REBHANDL, THOMAS  
**Address:** 1939 W FREDERICK SMALL RD  
**City-St-Zip:** JUPITER, FL 33458

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:** JOEL RIVERA

SEC

01/07/2012

Electronic Signature of Signing Officer or Director

Date