

PD4000129506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

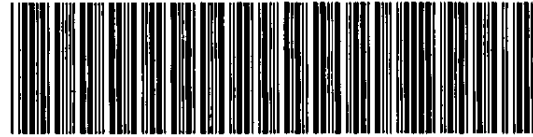
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500255284025

01/21/14--01022--019 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 FEB -7 AM 10:32

R A/chg  
@ 2.11.14

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Center City Pharmacy, Inc  
Name of Corporation

DOCUMENT NUMBER: 904000129506

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas Rebhandl  
Name of Contact Person

Center City Pharmacy, Inc  
Firm/Company

416 Clematis St  
Address

West Palm Beach, FL 33401  
City/State and Zip Code

CCpharmacist@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Rebhandl at ( 561 ) 373-4311  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 27, 2014

THOMAS REBHANDL  
CENTER CITY PHARMACY, INC.  
416 CLEMATIS ST.  
WEST PALM BEACH, FL 33401

SUBJECT: CENTER CITY PHARMACY, INC.  
Ref. Number: P04000129506

We have received your document for CENTER CITY PHARMACY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The new registered agent must sign in the space provided for the designation and acceptance.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 214A00001773

RECEIVED  
14 FEB -7 PM 1:01  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CENTER CITY PHARMACY  
2. The principal office address: 416 CLEMATIS ST  
West PALM Beach, FL 33401  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 9/14/04 Document number: PD4000129506

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Joel Rivera  
416 CLEMATIS ST  
West PALM Beach, FL 33401

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Thomas Rebhandl  
416 CLEMATIS ST  
West PALM Beach, FL 33401  
P.O. Box NOT acceptable

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 FEB -7 PM 32

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Thomas Rebhandl  
Signature of an officer or director

Thomas Rebhandl  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Thomas Rebhandl  
Signature of Registered Agent

2/1/2014  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)