

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P05000120056**

1. Entity Name  
**IDEAL RX PHARMACY - JACKSON NORTH, INC.**



Principal Place of Business

**16800 N.W. 2ND AVENUE  
SUITE 100  
NORTH MIAMI BEACH, FL 33169 US**

Mailing Address

**16800 N.W. 2ND AVENUE  
SUITE 100  
NORTH MIAMI BEACH, FL 33169 US**



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-3391474**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**DYETT, ADRIAN L  
823 NW 119TH STREET  
NORTH MIAMI, FL 33168**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Adrian L. Dyett*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*Adrian L. Dyett* 4/15/08

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000902634  
04/30/08-80013-024 150.00

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME DYETT, ADRIAN L  
STREET ADDRESS 823 NW 119TH STREET  
CITY-ST-ZIP NORTH MIAMI, FL 33168

TITLE VP  
NAME FRANKLIN, COVIA  
STREET ADDRESS 823 NW 119TH STREET  
CITY-ST-ZIP NORTH MIAMI, FL 33168

TITLE VP  
NAME JACKSON, LOUIS III  
STREET ADDRESS 823 NW 119TH STREET  
CITY-ST-ZIP NORTH MIAMI, FL 33168

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Adrian L. Dyett* Adrian L. Dyett

Date

4/15/08 (305) 687-4480

Daytime Phone #