

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000001895

**Entity Name:** BAY LIFE PHARMACY, INC.

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1235 S MISSOURI AVE  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

1235 S MISSOURI AVE  
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number:** 20-4038219

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MATHEW, JULIAN  
1235 S MISSOURI AVE  
CLEARWATER, FL 33756 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MATHEW, JULIAN  
Address: 1235 S MISSOURI AVE  
City-St-Zip: CLEARWATER, FL 33756 US

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: JULIAN MATHEW

MR

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date