

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000019258

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** CAREPLUS PHARMACY CORP

**Current Principal Place of Business:**

3020 S COMBEE RD  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1467  
HIGHLAND CITY, FL 33846

**New Mailing Address:**

**FEI Number:** 20-4341816

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AGBARA, POLYCARP  
5720 TANASI COURT  
LAKELAND, FL 33813 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: AGBARA, POLYCARP  
Address: 5720 TANASI COURT  
City-St-Zip: LAKELAND, FL 33813 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: POLYCARP AGBARA

P

01/05/2011

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

\_\_\_\_\_  
Date