FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # POGOOD 110479" 1. Entity Name OLEAN PHARMACY 4DISCOUNT,



Apr 01, 2008 8:00 am Secretary of State 04-01-2008 90010 027 ***150.00

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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 obligati	ions of registered agent.			- अन्त्रतीयसं भानपार्यस्था उत्तर । उत्तरपार्यस्य	
SIGNATURE.	<u></u>		1 201	DATE OF THE PARTY	
	Signature, typed or printed name of registered agent is	nd title if applicable. (NOTE: Rec	istered Agent signature required	Service to the second of the service section of the	٠,
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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					
indicated on this report or supplemental report is true and accurate this report as a signature shall make the same regular legal effect as if held did not all that my name appears in Block 10 or on an attachment with an address, with all other like empowered to the composition of the composition					