

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000126192

Entity Name: PALM LAKES PHARMACY,INC

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

1665 W 68 STREET  
SUITE 109  
HIALEAH, FL 33014 US

**New Principal Place of Business:**

3300 WEST 84TH STREET  
SUITE 3  
HIALEAH, FL 33018 US

**Current Mailing Address:**

1665 W 68 STREET  
SUITE 109  
HIALEAH, FL 33014 US

**New Mailing Address:**

3300 WEST 84TH STREET  
SUITE 3  
HIALEAH, FL 33018 US

FEI Number: 20-5646768

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEREZ, ROSALIA D  
1665 W 68 STREET  
SUITE 109  
HIALEAH, FL 33014 US

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

PEREZ, ROSALIA D  
3300 WEST 84TH STREET  
SUITE 3  
HIALEAH, FL 33018 US

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: ROSALIA D PEREZ

04/29/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PEREZ, ROSALIA D  
Address: 1665 W 68 STREET SUITE 109  
City-St-Zip: HIALEAH, FL 33014 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: PEREZ, ROSALIA D  
Address: 3300 WEST 84TH STREET STE#3  
City-St-Zip: HIALEAH, FL 33018 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROSALIA D PEREZ

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date