

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000027637

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** ALPHA TOUCH PHARMACY, INC.

**Current Principal Place of Business:**

12141 PEMBROKE ROAD  
PEMBROKE PINES, FL 33025

**New Principal Place of Business:**

10071 PINES BLVD  
D  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

12141 PEMBROKE ROAD  
PEMBROKE PINES, FL 33025

**New Mailing Address:**

10071 PINES BLVD  
D  
PEMBROKE PINES, FL 33024

FEI Number: 20-8554771

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAYUNGBE, ALBERT CPA  
2967 SW 161 AVENUE  
MIRAMAR, FL 33027 US

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

MAYUNGBE, ALBERT CPA  
111 NW 183RD STREET  
402  
MIAMI, FL 33169 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: ALBERT A MAYUNGBE

04/27/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ONI, LARRY  
Address: 1851 SW 156 AVENUE  
City-St-Zip: MIRAMAR, FL 33027

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: LARRY ONI

PRES

04/27/2012

Electronic Signature of Signing Officer or Director

Date