

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000029270

Entity Name: MD OMEGA PHARMACY INC.

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4915 S DIXIE HWY  
WEST PALM BEACH, FL 33405

**New Principal Place of Business:**

**Current Mailing Address:**

4915 S DIXIE HWY  
WEST PALM BEACH, FL 33405

**New Mailing Address:**

FEI Number: 20-8592480

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CASTRO, ROSA  
10599 SW 6TH STREET  
PEMBROOKE PINES, FL 33025 US

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

CASTRO, ROSA  
3561 FOREST HILL BLVD APT0 70  
PALM SPRING, FL 33406 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: ROSA CASTRO

03/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MORALES, JOSE F  
Address: 3561 FOREST HILL BLVD APT0 70  
City-St-Zip: PALM SPRING, FL 33406

Title: T  
Name: CASTRO, ROSA  
Address: 3561 FOREST HILL BLVD  
City-St-Zip: PALM SPRING, FL 33406

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: ROSA CASTRO

T

03/21/2012

Electronic Signature of Signing Officer or Director

Date