

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000080972

Entity Name: PHARMACY PLUS, INC.

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

11565 NORTH MAIN STREET #106  
JACKSONVILLE, FL 32218

## **New Principal Place of Business:**

7645 MERRILL ROAD  
210  
JACKSONVILLE, FL 32277

## **Current Mailing Address:**

11252 TURNBRIDGE DRIVE  
JACKSONVILLE, FL 32256

## **New Mailing Address:**

FEI Number: 26-0529700

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NIMRI, AMJAD K  
11252 TURNBRIDGE DRIVE  
JACKSONVILLE, FL 32256 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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: MR.  
Name: NIMRI, AMJAD K  
Address: 11252 TURNBRIDGE DR.  
City-St-Zip: JACKSONVILLE, FL 32256 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: AMJAD K. NIMRI

MR

04/27/2010

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

\_\_\_\_\_  
Date