

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000121971

**Entity Name:** LIFE PHARMACY, INC.

**FILED**  
**Feb 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

20208 STILL WIND DR  
TAMPA, FL 33647 US

**New Principal Place of Business:**

**Current Mailing Address:**

20208 STILL WIND DR  
TAMPA, FL 33647 US

**New Mailing Address:**

FEI Number: 26-1415550      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

IBE, CHIKA U  
20208 STILL WIND DRIVE  
TAMP, FL 33647 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: P  
Name: IBE, CHIKA U  
Address: 20208 STILL WIND DRIVE  
City-St-Zip: TAMPA, FL 3647 FL

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: CHIKA U IBE

P

02/12/2010

Electronic Signature of Signing Officer or Director

Date