

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000043141

Entity Name: PAY- LESS PHARMACY INC

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

1460 S.E. 6THST  
WINTERHAVEN, FL 33880

## New Principal Place of Business:

7208 N STERLING AVE  
SUITE 2  
TAMPA, FL 33614

## Current Mailing Address:

1460 S.E. 6THST  
WINTERHAVEN, FL 33880

## New Mailing Address:

7208 N STERLING AVE  
SUITE 2  
TAMPA, FL 33614

FEI Number: 42-1763775

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

URDANETA, ERNESTO  
7208 N. STERLING AVENUE  
TAMPA, FL 33614 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 ( ) Delete  
Name: CASTELLON, JOEL  
Address: 4520 ASHMORE  
City-St-Zip: TAMPA, FL 33610

Title: V ( ) Delete  
Name: MEDITECH MEDICAL CENTERS, LLC  
Address: 1460 S.E. 6THST  
City-St-Zip: WINTERHAVEN, FL 33880

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: MEDITECH MEDICAL CENTERS, LLC  
Address: 7208 N STERLING AVE  
City-St-Zip: TAMPA, FL 33614

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: MEDITECH MEDICAL CENTERS LLC

V

04/29/2009

Electronic Signature of Signing Officer or Director

Date