

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000058737

**FILED**  
**Jan 14, 2011**  
**Secretary of State**

**Entity Name:** WEST ATLANTIC PHARMACY INC.

**Current Principal Place of Business:**

7495 WEST ATLANTIC AVE  
206  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

7495 WEST ATLANTIC AVE  
206  
DELRAY BEACH, FL 33446

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARGROVE, WES  
7495 WEST ATLANTIC AVE.  
206  
DELRAY BEACH, FL 33446 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HARGROVE, WES  
Address: 7495 W ATLANTIC AVE STE 206  
City-St-Zip: DELRAY BEACH, FL 33446 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: WESLA HARGROVE

P

01/14/2011

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

\_\_\_\_\_  
Date