

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000080587

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** LAKELAND CITY PHARMACY, INC.

**Current Principal Place of Business:**

3133 S. FLORIDA AVENUE  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

1231 ALPINE LAKE DRIVE  
BRANDON, FL 33511

**New Mailing Address:**

**FEI Number:** 26-3269574

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DENIZARD, IRIS B  
7361 HUNTERS GREENE CIRCLE  
LAKELAND, FL 33810 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: EMENIKE, PATIENCE  
Address: 1 TALL SPRUCE LOOP  
City-St-Zip: NEW ROCHELLE, NY 10804

Title: P  
Name: ADETULA, OLADAPO B  
Address: 1231 ALPINE LAKE DRIVE  
City-St-Zip: BRANDON, FL 33511

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: OLADAPO B. ADETULA

P

01/10/2012

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

\_\_\_\_\_  
Date