

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000105595

Entity Name: Q & A PHARMACY, CORP

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1420 W WATERS AVE  
SUITE 101  
TAMPA, FL 33604 US

**New Principal Place of Business:**

**Current Mailing Address:**

1420 W WATERS AVE  
SUITE 101  
TAMPA, FL 33604 US

**New Mailing Address:**

FEI Number: 26-3817614

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

YOUNG, ZIZI  
8001 N DALE MABRY HWY  
BLDG 401  
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

**OFFICERS AND DIRECTORS:**

Title: P/S  
Name: YOUNG, ZIZI  
Address: 8001 N DALE MABRY HWY, #401  
City-St-Zip: TAMPA, FL 33614 US

Title: VP/T  
Name: QUINONES, WILFRED P  
Address: 1420 W WATERS AVE SUITE 101  
City-St-Zip: TAMPA, FL 33614 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: ZIZI YOUNG

PRES

03/21/2011

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

\_\_\_\_\_  
Date