

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000109906

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

**Entity Name:** THE RIGHT PILL PHARMACY, INC.

**Current Principal Place of Business:**

1960 NORTH FEDERAL HIGHWAY  
POMPAHO BEACH, FL 33063 US

**New Principal Place of Business:**

**Current Mailing Address:**

660 LINTON BLVD STE 110-A  
DELRAY BEACH, FL 33444

**New Mailing Address:**

**FEI Number:** 26-3903426

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SALVER, PAUL  
2721 EXECUTIVE PARK DRIVE  
SUITE 3  
WESTON, FL 33331 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: ELHABASHY, BASIM  
Address: 1960 NORTH FEDERAL HIGHWAY  
City-St-Zip: POMPAHO BEACH, FL 33063

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: BASIM ELHABASHY

P

03/21/2011

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

\_\_\_\_\_  
Date