

PO9000027498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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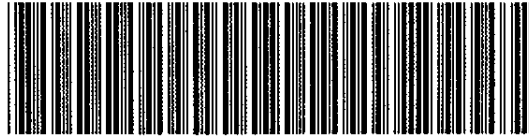
(Business Entity Name)

(Document Number)

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TALLAHASSEE FL 09124

MAR 14 2012

C. MUSTAIN

RACON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A TO Z PHARMACY, INC.
Name of Corporation

DOCUMENT NUMBER: P09000027498

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roger Needham
Name of Contact Person

Personalized Bookkeeping
Firm/Company

9035 Tournament Drive
Address

Hudson, Florida 34667
City/State and Zip Code

rneedham2@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roger Needham at (727) 505-0920
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Florida
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: A TO Z PHARMACY
2. The principal office address: 9039 LITTLE ROAD
NEW PORT RICHEY, FL 34654
3. The mailing address (if different): 9035 TOURNAMENT DRIVE
HUDSON, FLORIDA 34667
4. Date of incorporation/qualification: MARCH 3, 2009 Document number: P09000027498
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

JUDY CORDERIA (RESIGNED)

13216 SHADOW LAKE BLVD.

HUDSON, FL. 34669

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

ROGER NEEDHAM

9035 TOURNAMENT DRIVE

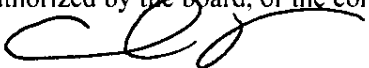
P.O. Box NOT acceptable

HUDSON, FL. 34667

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

NICHOLAS A BORGESANO

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.*



Signature of Registered Agent

03/07/2012

Date

If signing on behalf of an entity:

ROGER NEEDHAM

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314