

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000041886

Entity Name: GRACE PHARMACY INC

FILED  
Apr 26, 2012  
Secretary of State

**Current Principal Place of Business:**

6501 MOCKINGBIRD WAY SOUTH  
ST. PETERSBURG, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

6501 MOCKINGBIRD WAY SOUTH  
ST. PETERSBURG, FL 33707

**New Mailing Address:**

FEI Number: 27-0166653      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

THAKKAR, PANKAJ M  
6501 MOCKINGBIRD WAY SOUTH  
ST. PETERSBURG, FL 33707    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: THAKKAR, PANKAJ M  
Address: 6501 MOCKINGBIRD WAY SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33707

Title: VP  
Name: THAKKAR, DHARMISTA P  
Address: 6501 MOCKINGBIRD WAY SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33707

Title: S  
Name: THAKKAR, SATVIK P  
Address: 6501 MOCKINGBIRD WAY SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33707

Title: T  
Name: THAKKR, MOHAK P  
Address: 6501 MOCKINGBIRD WAY SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33707

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: PANKAJ M THAKKAR

P

04/26/2012

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

\_\_\_\_\_ Date