

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000043741

**FILED**  
**Jan 09, 2011**  
**Secretary of State**

**Entity Name:** PHARMACYONEPRO-MIAMI, INC.

**Current Principal Place of Business:**

65 3RD STREET, N.W.  
SUITE 59  
WINTERHAVEN, FL 33881

**New Principal Place of Business:**

2060 NW 22ND AVE  
UNIT 12  
MIAMI, FL 33142

**Current Mailing Address:**

65 3RD STREET, N.W.  
SUITE 59  
WINTERHAVEN, FL 33881

**New Mailing Address:**

**FEI Number:** 27-0203961

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KAHAN, BRIAN A  
1800 NW CORPORATE BLVD  
SUITE 200  
BOCA RATON, FL 33431 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: VOLEL, PAUL JR.  
Address: 65 3RD STREET, N.W. , SUITE 59  
City-St-Zip: WINTERHAVEN, FL 3381

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: PAUL VOLEL JR

P

01/09/2011

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

\_\_\_\_\_  
Date