

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000056634

Entity Name: ANM PHARMACY, INC.

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5445 JAMES STREET  
NEWPORT RICHEY, FL 34652 US

**New Principal Place of Business:**

**Current Mailing Address:**

5445 JAMES STREET  
NEWPORT RICHEY, FL 34652 US

**New Mailing Address:**

FEI Number: 27-0471929

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 US

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

ANIL, SETHI  
5445 JAMES STREET  
NEW PORT RICHEY, FL 34652 US

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: ANIL SETHI

03/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SETHI, ANIL  
Address: 5445 JAMES STREET  
City-St-Zip: NEWPORT RICHEY, FL 34652 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: ANIL SETHI

P

03/22/2011

Electronic Signature of Signing Officer or Director

Date