

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000058135

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

**Entity Name:** EAST COAST PHARMACEUTICAL DISTRIBUTORS CORP

**Current Principal Place of Business:**

4801 S. UNIVERSITY DR. SUITE #227  
DAVIE, FL 33328 US

**New Principal Place of Business:**

**Current Mailing Address:**

4801 S. UNIVERSITY DR. SUITE #227  
DAVIE, FL 33328 US

**New Mailing Address:**

**FEI Number:** 27-0518611

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCOTT E ABOLAFIA CPA PA  
9461 HOLLYHOCK CT  
DAVIE, FL 33328 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: SLOANE, SHERRY  
Address: 2501 NW 87TH AVE  
City-St-Zip: SUNRISE, FL 33322 US

Title: CEO  
Name: BROWN, SETH  
Address: 601 IVES DAIRY RD  
City-St-Zip: MIAMI, FL 33179

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: SETH BROWN

CEO

04/22/2011

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

\_\_\_\_\_  
Date