2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2012
Secretary of State

DOCUMENT# P09000058135

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: 6931 HOOD STREET
City-St-Zip: HOLLYWOOD, FL 33024

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 A BROWN CEO 04/09/2012

Electronic Signature of Signing Officer or Director Date