

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000086336

FILED
Jan 16, 2012
Secretary of State

Entity Name: AMERICAN DISCOUNT PHARMACY CORP.

Current Principal Place of Business:

110 E. MAIN STREET, SUITE A
IMMOKALEE, FL 34142 US

New Principal Place of Business:

110 E. MAIN STREET
SUITE A
IMMOKALEE, FL 34142 US

Current Mailing Address:

110 E. MAIN STREET, SUITE A
IMMOKALEE, FL 34142 US

New Mailing Address:

110 E. MAIN STREET
SUITE A
IMMOKALEE, FL 34142 US

FEI Number: 27-1164112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, JASON
110 E. MAIN STREET, SUITE A
IMMOKALEE, FL 34142 US

Name and Address of New Registered Agent:

CARTER, JASON
110 E. MAIN STREET
SUITE A
IMMOKALEE, FL 34142 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:

01/16/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: SHIMKO, RON
Address: 110 E. MAIN STREET, SUITE A
City-St-Zip: IMMOKALEE, FL 34142 US

Title: SECT
Name: CARTER, JASON
Address: 110 E. MAIN STREET, SUITE A
City-St-Zip: IMMOKALEE, FL 34142 US

Title: TREA
Name: CARTER, JASON
Address: 110 E. MAIN STREET, SUITE A
City-St-Zip: IMMOKALEE, FL 34142 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: JASON CARTER

SECT

01/16/2012

Electronic Signature of Signing Officer or Director

Date