

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000092873

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** MEDOZ PHARMACY OF OSCEOLA INC

**Current Principal Place of Business:**

13726 LAKE CAWOOD DRIVE  
WINDERMERE, FL 34786 US

**New Principal Place of Business:**

720 WEST OAK STREET  
114  
KISSIMMEE, FL 34741 US

**Current Mailing Address:**

13726 LAKE CAWOOD DRIVE  
WINDERMERE, FL 34786 US

**New Mailing Address:**

13726 LAKE CAWOOD DRIVE  
WINDERMERE, FL 34786

**FEI Number:** 27-1315859

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANBALAGAN, SUNDARAMPILLAI  
13726 LAKE CAWOOD DRIVE  
WINDERMERE, FL 34786 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:** ANBALAGAN, SUNDARAMPILLAI  
**Address:** 13726 LAKE CAWOOD DRIVE  
**City-St-Zip:** WINDERMERE, FL 34786

**Title:** CFO  
**Name:** DESAI, VIRAL V  
**Address:** 3483 DUNBAR LANE  
**City-St-Zip:** SUWANEE, GA 30024 US

**Title:** CEO  
**Name:** DESAI, UDAYKUMAR J  
**Address:** 2038 AUTUMN VIEW DRIVE  
**City-St-Zip:** ORLANDO, FL 32825

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:** UDAYKUMAR DESAI

CEO

05/01/2012

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

\_\_\_\_\_  
Date