

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000009694

Entity Name: HUDSON PHARMACY INC.

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8117 STATE ROAD 52  
HUDSON, FL 34667 US

**New Principal Place of Business:**

**Current Mailing Address:**

18731 CHOPIN DRIVE  
LUTZ, FL 33558

**New Mailing Address:**

8117 STATE ROAD 52  
HUDSON, FL 34667 US

FEI Number: 27-1831670

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PATEL, PRATIK  
18731 CHOPIN DRIVE  
LUTZ, FL 33558 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: RXM  
Name: PATEL, PRATIK  
Address: 18731 CHOPIN DRIVE  
City-St-Zip: LUTZ, FL 33558

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: PRATIK PATEL

RXM

02/23/2012

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

\_\_\_\_\_  
Date