

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000018812

Entity Name: RAGHAVENDRA PHARMACY INC

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

6970 SWINSCOE LANE  
WINDERMERE, FL 34786

## **New Principal Place of Business:**

5431 NORTH STATE ROAD # 7  
TAMARAC, FL 34786

## **Current Mailing Address:**

6970 SWINSCOE LANE  
WINDERMERE, FL 34786

## **New Mailing Address:**

5431 NORTH STATE ROAD # 7  
TAMARAC, FL 34786

FEI Number: 27-2062960

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GINJUPALLI, MURALI C  
6970 SWINSCOE LANE  
WINDERMERE, FL 34786 US

## **Name and Address of New Registered Agent:**

GINJUPALLI, MURALI C  
6970 SWINSCOE LN  
WINDEREMERE, FL 34786 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: MURALI GINJUPALLI

02/09/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: GINJUPALLI, MURALI C  
Address: 6970 SWINSCOE LN  
City-St-Zip: WINDEREMERE, FL 34786 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: MURALI GINJUPALLI

PRES

02/09/2011

Electronic Signature of Signing Officer or Director

Date