

P 10000034175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

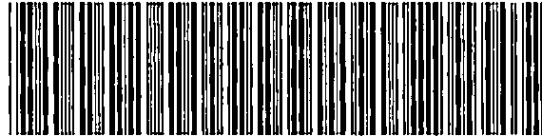
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GERMAINE PHARMACY INC  
Name of Corporation

**DOCUMENT NUMBER:** P10000034175

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tom PRATT  
Name of Contact Person

MEDVEST  
Firm/Company

8222 118<sup>th</sup> Ave. N Suite 605  
Address

LARGO, FL  
City/State and Zip Code

TPRATT@MEDVESTRX.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Pratt at (727) 350 1093  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GERMATIVE PHARMACY, INC.  
2. The principal office address: 2511 SWANN AVE. SUITE 102  
TAMPA, FL 33609  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4-20-2010 Document number: P10000034175

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Brad Zapolsky  
2511 Swann Ave Ste 102  
Tampa FL 33609

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Tom Pratt  
8222 118<sup>th</sup> Ave N. Suite 605  
P.O. Box NOT acceptable  
LARGO, FL 33773

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

\_\_\_\_\_  
Signature of an officer or director

\_\_\_\_\_  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

8-17-2017  
Date

If signing on behalf of an entity:

Tom Pratt  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*