

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000051556

Entity Name: APOTHECARY RX, INC.

**FILED**  
**Mar 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8074 WEST MCNAB ROAD  
NORTH LAUDERDALE, FL 33068

**New Principal Place of Business:**

4581 WESTON ROAD #160  
WESTON, FL 33331

**Current Mailing Address:**

8074 WEST MCNAB ROAD  
NORTH LAUDERDALE, FL 33068

**New Mailing Address:**

4581 WESTON ROAD #160  
WESTON, FL 33331

FEI Number: 27-2886020

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCCULLOUGH, STEPHEN D CLA  
2702 A WEST OAKLAND PARK BLVD  
FORT LAUDERDALE, FL 33311 US

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

BOWEN, JERMAINE  
4581 WESTON ROAD #160  
WESTON, FL 33331 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: JERMAINE BOWEN

03/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTS  
Name: BOWEN, JERMAINE DR  
Address: 4581 WESTON ROAD #160  
City-St-Zip: WESTON, FL 33331

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: JERMAINE BOWEN

PTS

03/06/2012

Electronic Signature of Signing Officer or Director

Date