

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000055542

**Entity Name:** LENNY'S RX SERVICES, CORP.

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6459 GENTLE BEN CIRCLE  
WESLEY CHAPEL, FL 33544

**New Principal Place of Business:**

6439 GENTLE BEN CIRCLE  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

6459 GENTLE BEN CIRCLE  
WESLEY CHAPEL, FL 33544

**New Mailing Address:**

6439 GENTLE BEN CIRCLE  
WESLEY CHAPEL, FL 33544

**FEI Number:** 27-3014808

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAMOS, JOSE S  
6459 GENTLE BEN CIRCLE  
WESLEY CHAPEL, FL 33544 US

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

RAMOS, JOSE S  
6439 GENTLE BEN CIRCLE  
WESLEY CHAPEL, FL 33544 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

01/11/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BLOOM, LEONARD  
Address: 6439 GENTLE BEN CIRCLE  
City-St-Zip: WESLEY CHAPEL, FL 33544

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: LEONARD BLOOM

PRES

01/11/2011

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

\_\_\_\_\_  
Date