

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000062650

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** ORLANDO DISCOUNT PHARMACY, INC

**Current Principal Place of Business:**

1809 SOUTH ORANGE AVENUE  
ORLANDO, FL 32806

**New Principal Place of Business:**

419 E. MICHIGAN ST. SUITE 4  
ORLANDO, FL 32806

**Current Mailing Address:**

7780 ISLEWOOD COURT  
SANFORD, FL 32771

**New Mailing Address:**

419 E. MICHIGAN ST. SUITE 4  
ORLANDO, FL 32806

**FEI Number:** 30-0641014

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PATEL, SUNIL J  
7780 ISLEWOOD COURT  
SANFORD, FL 32771 US

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

PATEL, NIRAV R  
500 LEGACY PARK DR  
CASSELBERRY, FL 32707 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: NIRAV PATEL

03/16/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PATEL, NIRAV R  
Address: 500 LEGACY PARK DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

Title: VP,D  
Name: PATEL, SUNIL J  
Address: 7780 ISLEWOOD CT  
City-St-Zip: SANFORD, FL 32771

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: NIRAV PATEL

PD

03/16/2011

Electronic Signature of Signing Officer or Director

Date