

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000064894

Entity Name: MD PHARMACY, INC.

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

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

8820 MIRAMAR PKWY  
SUITE 11  
MIRAMAR, FL 33025 US

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

881 EAST 2ND AVENUE  
HIALEAH, FL 33010 US

## **Current Mailing Address:**

8820 MIRAMAR PKWY  
SUITE 11  
MIRAMAR, FL 33025 US

## **New Mailing Address:**

881 EAST 2ND AVENUE  
HIALEAH, FL 33010 US

FEI Number: 27-3208760

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HIGH END INCOME TAX & ACCTG SRVCS  
4200 NW 16TH ST  
SUITE 600-A  
LAUDERHILL, FL 33313 US

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

ZALDIVAR, SANDY I  
881 EAST 2ND AVENUE  
HIALEAH, FL 33010 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: SANDY ISRAEL ZALDIVAR

01/10/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P, S  
Name: ZALDIVAR, SANDY I  
Address: 881 EAST 2ND AVENUE  
City-St-Zip: HIALEAH, FL 33010

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: SANDY ISRAEL ZALDIVAR

P

01/10/2012

Electronic Signature of Signing Officer or Director

Date