

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000078145

Entity Name: PLAZA PHARMACY INC.

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4399 NW 124TH AVE  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

4399 NW 124TH AVE  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

FEI Number: 65-0609088

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FERLISE, PERRY  
4399 NW 124TH AVE  
CORAL SPRINGS, FL 33065 US

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

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ROTWEIN, STEVEN  
Address: 4399 NW 124TH AVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: STD  
Name: FERLISE, PERRY  
Address: 4399 NW 124TH AVE  
City-St-Zip: CORAL SPRINGS, FL 33065

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: STEVE ROTWEIN

PD

01/05/2012

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

\_\_\_\_\_  
Date