2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2011
Secretary of State

DOCUMENT# P10000083642

Entity Name: ST. CLOUD PHARMACY & WELLNESS CENTER, INC.

Current Principal Place of Business:

3744 MARIETTA WAY
ST CLOUD, FL 34772

New Principal Place of Business:

Current Mailing Address:

3744 MARIETTA WAY
ST CLOUD, FL 34772

New Mailing Address:

FEI Number: 27-3624970 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PUTHENPURAYIL, SIBY THOMAS
3744 MARIETTA WAY
ST CLOUD, FL 34772 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: PUTHENPURAYIL, SIBY THOMAS
Address: 3744 MARIETTA WAY
City-St-Zip: ST CLOUD, FL 34772

Title: VPD
Name: MARUTHODPARAMBIL, PRADEEP
Address: 10617 BLUE CORAL LANE
City-St-Zip: TAMPA, FL 33647

Title: STD
Name: CHORTH, TOMRAJ
Address: 2914 CASABELLA DR
City-St-Zip: KISSIMMEE, FL 34744

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: SIBY THOMAS P. PD 03/24/2011

Electronic Signature of Signing Officer or Director Date