

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P10000091753

**FILED**  
**May 23, 2011**  
**Secretary of State**

**Entity Name:** V.I.P PHARMACY OF LAKE WORTH, INC

**Current Principal Place of Business:**

3093 LAKE WORTH ROAD,  
LAKE WORTH, FL 33461 US

**New Principal Place of Business:**

**Current Mailing Address:**

3093 LAKE WORTH ROAD,  
LAKE WORTH, FL, FL 33461 US

**New Mailing Address:**

**FEI Number:** 27-3935542

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KAUFMAN, NEIL S  
3093 LAKE WORTH ROAD  
LAKE WORTH, FL 33461 US

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

CARTER, SHELLY ANN S  
3093 LAKE WORTH ROAD  
LAKE WORTH, FL 33461 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: SAC

05/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CARTER, SHELLY ANN  
Address: 3093 LAKE WORTH ROAD  
City-St-Zip: LAKE WORTH, FL 33461 US

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: SHELLY ANN CARTER

PRES

05/23/2011

Electronic Signature of Signing Officer or Director

Date