

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000097658

FILED
Feb 23, 2011
Secretary of State

Entity Name: CAPSULE PHARMACY, CORP.

Current Principal Place of Business:

3965 NORTH FED HWY
POMPAÑO BEACH, FL 33064

New Principal Place of Business:

2219 WEST HILLSBORO BLVD
DEERFIELD BEACH, FL 33442

Current Mailing Address:

3965 NORTH FED HWY
POMPAÑO BEACH, FL 33064

New Mailing Address:

2219 WEST HILLSBORO BLVD
DEERFIELD BEACH, FL 33442

FEI Number: 27-4094128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1100 S FEDERAL HIGHWAY
SECOND FLOOR
DEERFIELD BEACH, FL 33441 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: LECA, ALINE
Address: 531 NE 8TH AVE
City-St-Zip: DEERFIELD BEACH, FL 33441

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: ALINE LECA

P

02/23/2011

Electronic Signature of Signing Officer or Director

Date