

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000018725

FILED
Apr 17, 2012
Secretary of State

Entity Name: QUALITY SPECIALTY PHARMACY OF JACKSONVILLE INC

Current Principal Place of Business:

1514 NIRA STREET
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

1227 E MADISON STREET
504 N
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 80-0687983 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

AXEN, SOFIA
1227 E MADISON STREET
504 N
TAMPA, FL 33602 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: P
Name: AXEN, SOFIA
Address: 1227 E MADISON STREET
City-St-Zip: TAMPA, FL 33602 US

Title: VP
Name: LEIBERMAN, MARINA
Address: 555 NORTH AVE APT 5U
City-St-Zip: FORT LEE, NJ 07024 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: SOFIA AXEN

MGMB

04/17/2012

Electronic Signature of Signing Officer or Director

Date