

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000026248

Entity Name: BRITON PHARMACY INC.

**FILED**  
**Mar 29, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

390 SOUTHEAST 5TH COURT  
POMPANO BEACH, FL 33060

## **New Principal Place of Business:**

1201 S OCEAN BLVD  
SUITE 14  
POMPANO BEACH, FL 33062

## **Current Mailing Address:**

390 SOUTHEAST 5TH COURT  
POMPANO BEACH, FL 33060

## **New Mailing Address:**

1201 S OCEAN BLVD  
SUITE 14  
POMPANO BEACH, FL 33062

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: DPS  
Name: VAN DYKE, DENNIS M  
Address: 390 SOUTHEAST 5TH COURT  
City-St-Zip: POMPANO BEACH, FL 33060

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: DENNIS M VAN DYKE

DPS

03/29/2012

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

\_\_\_\_\_  
Date