

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000032957

**Entity Name:** VETERANS PHARMACY, INC.

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

11434 N 53RD STREET  
TAMPA, FL 33617 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 16722  
TAMPA, FL 33617 US

**New Mailing Address:**

P O BOX 16722  
TAMPA, FL 33687 US

**FEI Number:** 45-1488934

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UBANI, VICTOR  
11430 N 53RD STREET  
TAMPA, FL 33617 US

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

UBANI, VICTOR  
11434 N 53RD STREET  
TAMPA, FL 33617 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: VICTOR UBANI

01/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: UBANI, VICTOR  
Address: P O BOX 16722  
City-St-Zip: TAMPA, FL 33687 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: VICTOR UBANI

P

01/16/2012

Electronic Signature of Signing Officer or Director

Date