

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000066276

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Entity Name:** HEALTHSOUTH PHARMACY & DISCOUNT INC.

**Current Principal Place of Business:**

9483 SOUTHWEST 160TH STREET  
MIAMI, FL 33157

**New Principal Place of Business:**

12382 QUAIL ROOST DRIVE  
MIAMI, FL 33177

**Current Mailing Address:**

9483 SOUTHWEST 160TH STREET  
MIAMI, FL 33157

**New Mailing Address:**

12382 QUAIL ROOST DRIVE  
MIAMI, FL 33177

**FEI Number:** 45-2867707

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

JUSTIN OKOLE  
16261 SW 71ST  
MIAMI, FL 33178 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: JUSTINOKOLIE

03/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: JOHNSON, WENDY S  
Address: 12382 QUAIL ROOST DRIVE  
City-St-Zip: MIAMI, FL 33178

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: WENDYJOHNSON

DR

03/28/2012

Electronic Signature of Signing Officer or Director

Date