2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P11000089703

Entity Name: RIVER MEDICAL PHARMACY, INC.

FILED Oct 15, 2014 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

376 S. NORTHLAKE BOULEVARD 376 S. NORTHLAKE BOULEVARD SUITE 1008 ALTAMONTE SPRINGS, FL 32701

ALTAMONTE SPRINGS, FL 32701

Current Mailing Address: New Mailing Address:

376 S. NORTHLAKE BOULEVARD
SUITE 1008
ALTAMONTE SPRINGS, FL 32701
376 S. NORTHLAKE BOULEVARD
ALTAMONTE SPRINGS, FL 32701

FEI Number: 45-3667026 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

PHALIN, LAWRENCE J

225 EAST ROBINSON STREET

LANDMARK CENTER II, SUITE 600

ORLANDO, FL 32801 US

LUSSIER, JAMES R

225 EAST ROBINSON STREET

LANDMARK CENTER II, SUITE 600

ORLANDO, FL 32801 US

ORLANDO, FL 32801 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: JAMES R LUSSIER 10/15/2014

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: [

Name: MACLEAY, MICHAEL R

Address: 376 S. NORTHLAKE BLVD. #1008 City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title:

Name: VOGT, STEPHEN C

Address: 376 S. NORTHLAKE BLVD. #1008 City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D

Name: GARNER, H. STEPHEN

Address: 376 S. NORTHLAKE BLVD. #1008 City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: DR STEPHEN C VOGT D 10/15/2014