

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000105219

FILED
Feb 29, 2012
Secretary of State

Entity Name: NORTH FORT MYERS PRESCRIPTION SHOP, INC

Current Principal Place of Business:

16251 NOSRTH CLEVELAND AVE STE. 13
N. FT. MYERS, FL 33903

New Principal Place of Business:

16251 NORTH CLEVELAND AVE STE. 13
N. FT. MYERS, FL 33903

Current Mailing Address:

16251 NOSRTH CLEVELAND AVE STE. 13
N. FT. MYERS, FL 33903

New Mailing Address:

16251 NORTH CLEVELAND AVE STE. 13
N. FT. MYERS, FL 33903

FEI Number: 45-3693212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAWRENCE, LISA
12445 ROCK RIDGE LN
FT. MYERS, FL 33913 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: LAWRENCE, LISA
Address: 12455 ROCK RIDGE LN
City-St-Zip: FT. MYERS, FL 33913

Title: V
Name: LAWRENCE, RICH
Address: 12455 ROCK RIDGE LN
City-St-Zip: FT. MYERS, FL 33913

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: LISA LAWRENCE

P

02/29/2012

Electronic Signature of Signing Officer or Director

Date