

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P11000106954

Entity Name: PHARMA TOPCARE, INC.

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

15481 SW 112 TER  
MIAMI, FL 33196 FL

**New Principal Place of Business:**

4310 NW 7TH AVE  
MIAMI, FL 33127 FL

**Current Mailing Address:**

15481 SW 112 TER  
MIAMI, FL 33196 US

**New Mailing Address:**

4310 NW 7TH AVE  
MIAMI, FL 33127 US

FEI Number: 80-0773087

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STONE, JACOB J  
4233 NW 62 AVE  
CORAL SPRINGS, FL 33067 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: KODAKANDIA, PRAVEEN  
Address: 15481 SW 112 TER  
City-St-Zip: MIAMI, FL 33196 US

Title: VP  
Name: ASALI, SUHDA  
Address: 15481 SW 112 TER  
City-St-Zip: MIAMI, FL 33196 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: SUHDA ASALI

VP

04/05/2012

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

\_\_\_\_\_  
Date