

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000053737

Entity Name: ORLY PHARMACY II, INC.

**FILED**  
**Jun 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

711 N.W. 23 AVE.  
MIAMI, FL 33125 US

**New Principal Place of Business:**

**Current Mailing Address:**

711 N.W. 23 AVE.  
MIAMI, FL 33125 US

**New Mailing Address:**

FEI Number: 65-0432321      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FERNANDEZ, ORLANDO  
8906 S.W. 11 STREET  
MAIMI, FL 33174 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: FERNANDEZ, ORLANDO SR  
Address: 8906 S.W. 11 STREET  
City-St-Zip: MIAMI, FL 33174

Title: VP  
Name: FERNANDEZ, LEIDET M  
Address: 8906 S.W. 11 STREET  
City-St-Zip: MIAMI, FL 33174

Title: S  
Name: FERNANDEZ, ORLANDO JR  
Address: 8701 S.W. 12 STREET APT. 18  
City-St-Zip: MIAMI, FL 33174

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: ORLANDO FERNANDEZ SR

P

06/24/2011

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

\_\_\_\_\_  
Date