

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000043740

Entity Name: BURKLOW PHARMACY, INC.

**FILED**  
**Mar 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4880 WOODBINE ROAD  
PACE, FL 32571

**New Principal Place of Business:**

**Current Mailing Address:**

4880 WOODBINE ROAD  
PACE, FL 32571

**New Mailing Address:**

FEI Number: 59-3445181

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BURKLOW, STEPHEN A  
4880 WOODBINE ROAD  
PACE, FL 32571 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: BURKLOW, STEPHEN A  
Address: 4880 WOODBINE RD  
City-St-Zip: PACE, FL 32571

Title: VP  
Name: BURKLOW, MONIQUE H  
Address: 4880 WOODBINE R  
City-St-Zip: PACE, FL 32571

Title: VP  
Name: HENDERSON, BRYAN  
Address: 4880 WOODBINE ROAD  
City-St-Zip: PACE, FL 32571

Title: VP  
Name: GAVIN, CHRISTOPHER S  
Address: 4880 WOODBINE ROAD  
City-St-Zip: PACE, FL 32571

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: STEPHEN A BURKLOW

PRES

03/30/2012

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

\_\_\_\_\_  
Date