

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000010848

Entity Name: HHCS PHARMACY, INC.

FILED
Feb 17, 2011
Secretary of State

Current Principal Place of Business:

3901 E COLONIAL DR
SUITE C
ORLANDO, FL 32803

New Principal Place of Business:

3901 E COLONIAL DR
SUITE C
ORLANDO, FL 32803 US

Current Mailing Address:

3901 E COLONIAL DR
SUITE C
ORLANDO, FL 32803

New Mailing Address:

3901 E COLONIAL DR
SUITE C
ORLANDO, FL 32803 US

FEI Number: 59-3491362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEARLMAN, CRAIG ESQ
2 S. ORANGE AVE.
5TH FL.
ORLANDO, FL 32802 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: PSD
Name: ADAMS, N. LOIS
Address: 3901 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803 US

Title: ASD
Name: BISZICK, MERYL
Address: 3901 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803 US

Title: VPD
Name: MURRAY, LOUIS C
Address: 3901 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803 US

Title: TDVP
Name: MCCULLY, PHILIP
Address: 3901 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803 US

Title: D
Name: INGERSOLL, JAMES
Address: 4037 CONWAY PLACE CIRCLE
City-St-Zip: ORLANDO, FL 32812 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: N. LOIS ADAMS

PRES

02/17/2011

Electronic Signature of Signing Officer or Director

Date