2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015351

Entity Name: THRIFTYMED, INC.

FILED Apr 25, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4345 SOUTHPOINT BOULEVARD JACKSONVILLE, FL 32216

Current Mailing Address: New Mailing Address:

4345 SOUTHPOINT BOULEVARD JACKSONVILLE, FL 32216

FEI Number: 59-3498715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

NRAI SERVICES, INC. 515 E. PARK AVENUE TALLAHASSEE, FL 32301 US

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: PD

Name: CORLESS, GARY
Address: 4345 SOUTHPOINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP

Name: ENGLISH, KEVIN P
Address: 4345 SOUTHPOINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPT

Name: KLARNER, DAVID D
Address: 4345 SOUTHPOINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP

Name: SASEN, JOHN F

Address: 4345 SOUTH POINT BLVD City-St-Zip: JACKSONVILLE, FL 32216

Title: VP

Name: BRONSON, DAVID M
Address: 4345 SOUTHPOINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

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: DAVID D. KLARNER VP 04/25/2011