

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V22219

FILED
Oct 26, 2009
Secretary of State

Entity Name: GOLDEN GATE PHARMACY, INC.

Current Principal Place of Business:

11669 COLLIER BLVD
NAPLES, FL 34116 US

New Principal Place of Business:

Current Mailing Address:

800 FIFTH AVE. S.
NAPLES, FL 34102 US

New Mailing Address:

11669 COLLIER BLVD
NAPLES, FL 34116 US

FEI Number: 65-0322427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOJCIK, NANCY
11669 COLLIER BLVD
NAPLES, FL 34116 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: NANCY WOJCIK

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVT () Delete
Name: WOJCIK, JOHN
Address: 11669 COLLIER BLVD
City-St-Zip: NAPLES, FL 34116

Title: S () Delete
Name: WOJCIK, NANCY
Address: 11669 COLLIER BLVD
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NANCY WOJCIK

VP

10/26/2009

Electronic Signature of Signing Officer or Director

Date