

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V26772

FILED
Mar 12, 2012
Secretary of State

Entity Name: OWEN'S PHARMACY, INC.

Current Principal Place of Business:

834 LOMAX ST
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

6960 BONNEVAL ROAD
SUITE 100
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3115855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLD, KATHLEEN HOLBROOK
ONE INDEPENDENT DR
2301 INDEPENDENT SQUARE
JACKSONVILLE, FL 32202 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,D
Name: GEER, LYNN G RPH
Address: 834 LOMAX ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: T,D
Name: GEER, JOHN W
Address: 6960 BONNEVAL RD SUITE 100
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP
Name: HERSTONE, JOSHUA D
Address: 6960 BONNEVAL ROAD SUITE 100
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: JOSHUA HERSTONE

VP

03/12/2012

Electronic Signature of Signing Officer or Director

Date