

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000009004

Entity Name: PRESCRIPTION ALLIANCE UNITING LAKE COUNTY, INC.

Current Principal Place of Business:

6533 DEWEY ROBBINS ROAD
HOWEY-IN-THE-HILLS, FL 34737

Current Mailing Address:

6533 DEWEY ROBBINS ROAD
HOWEY-IN-THE-HILLS, FL 34737

FEI Number: 46-1340967

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLER, MICHELLE
6533 DEWEY ROBBINS ROAD
HOWEY-IN-THE-HILLS, FL 34737 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

Officer/Director Detail :

Title PD
Name MILLER, MICHELLE
Address 6533 DEWEY ROBBINS ROAD
City-State-Zip: HOWEY-IN-THE-HILLS FL 34737

Title VPD
Name GERIG, SHELLY
Address 411 N. JOANNA AVE.
City-State-Zip: TAVARES FL 32778

Title TD
Name RICHARDSON, JESSICA
Address 360 W. RUBY ST.
City-State-Zip: TAVARES FL 32778

Title S
Name PRINCE, BRANTLEY
Address 310 DUPONT CIRCLE
City-State-Zip: HOWIE-IN-THE-HILLS FL 34737

Title D
Name MILLER, JEREMY
Address 6533 DEWEY ROBBINS ROAD
City-State-Zip: HOWEY-IN-THE-HILLS FL 34737

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHELLE MILLER

PRESIDENT

05/01/2014

Electronic Signature of Signing Officer/Director Detail

Date