

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 403347

**Entity Name:** GOODMAN DRUGS, INC.

**Current Principal Place of Business:**

1234 NE 4TH AVENUE  
SUITE C  
FT. LAUDERDALE, FL 33304-1925

**Current Mailing Address:**

1234 NE 4TH AVENUE  
SUITE C  
FT. LAUDERDALE, FL 33304-1925 US

**FEI Number:** 59-1399391

**Certificate of Status Desired:** No

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

GLASSER, ELAINE G.  
708 NE 20TH DRIVE  
WILTON MANORS, FL 33305 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	PVP	Title	ST
Name	GLASSER, ELAINE G	Name	GLASSER, MICHELLE W
Address	708 NE 20TH DR	Address	708 NE 20TH DR
City-State-Zip:	WILTON MANORS FL 33305-2220	City-State-Zip:	WILTON FL 33305-2220

*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:** ELAINE G GLASSER

**PRESIDENT**

**04/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date