

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 627463

**Entity Name:** OCEAN SIDE PHARMACY, INC.

**Current Principal Place of Business:**

1118 COLONNADES DRIVE  
FT PIERCE, FL 34949

**Current Mailing Address:**

1118 COLONNADES DRIVE  
FT PIERCE, FL 34949 US

**FEI Number:** 59-1913520

**Certificate of Status Desired:** Yes

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

SESKIN, KIM R  
601 S.E DAR LANE  
PORT ST. LUCIE, FL 34984 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            MRS.  
Name            SESKIN, KIM R  
Address        601 S.E. DAR LANE  
City-State-Zip: PORT SAINT LUCIE FL 34984

*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:** KIM R. SESKIN

**VICE PRESIDENT**

**02/14/2014**

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

\_\_\_\_\_  
Date