

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H13682

**Entity Name:** GATEWAY PRESCRIPTION CENTER, INC.

**Current Principal Place of Business:**

BAYA PHARMACY EAST  
780 SE BAYA DR  
LAKE CITY, FL 32025

**Current Mailing Address:**

BAYA PHARMACY EAST  
780 SE BAYA DR  
LAKE CITY, FL 32025 US

**FEI Number:** 59-2435745

**Certificate of Status Desired:** No

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

NORRIS, GUY W  
253 NW MAIN BLVD  
LAKE CITY, FL 32055 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:** GUY W NORRIS

01/26/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name ALLISON, CARL  
Address 1704 SW PALOMA CT  
City-State-Zip: LAKE CITY FL 32025

Title DS  
Name ALLISON, JOAN  
Address 1704 SW PALOMA CT  
City-State-Zip: LAKE CITY FL 32025

Title AS  
Name ALLISON, MICHELE  
Address 1704 SW PALOMA CT  
City-State-Zip: LAKE CITY FL 32025

*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:** JOAN ALLISON

OWNER

01/26/2017

Electronic Signature of Signing Officer/Director Detail

Date