

2014 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, JOHN E
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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DP
Name ALLISON, CARL
Address 884 NW SCENIC LAKE DRIVE
City-State-Zip: LAKE CITY FL 32055

Title DS
Name ALLISON, JOAN
Address 884 NW SCENIC LAKE DR
City-State-Zip: LAKE CITY FL 32055

Title V
Name ALLISON, JARED
Address 884 NW SCENIC LAKE DR
City-State-Zip: LAKE CITY FL 32055

Title AS
Name ALLISON, MICHELE
Address 884 NW SCENIC LAKE DR
City-State-Zip: LAKE CITY FL 32055

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

SECRETARY

03/20/2014

Electronic Signature of Signing Officer/Director Detail

_____ Date