

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000049739

**Entity Name:** ENSLEY PHARMACY, INC.

**Current Principal Place of Business:**

8814 PALAFOX HWY STE C  
PENSACOLA, FL 32534

**Current Mailing Address:**

8814 PALAFOX HWY STE C  
PENSACOLA, FL 32534

**FEI Number:** 59-3654558

**Certificate of Status Desired:** No

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

CREAHAN, DAVID J  
8814 PALAFOX HWY STE C  
PENSACOLA, FL 32534 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	P	Title	VP
Name	CREAHAN, DAVID JJR	Name	CREAHAN, CHARLOTTE E
Address	9672 FOX RUN RD.	Address	9672 FOX RUN RD.
City-State-Zip:	PENSACOLA FL 32514	City-State-Zip:	PENSACOLA FL 32514

*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:** DAVID J CREAMAN

**PRESIDENT**

**02/26/2014**

Electronic Signature of Signing Officer/Director Detail

Date