

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000003696

**Entity Name:** RX PRO PHARMACY & COMPOUNDING, INC.

**Current Principal Place of Business:**

936 W HALLANDALE BEACH BLVD  
HALLANDALE, FL 33009

**Current Mailing Address:**

936 W HALLANDALE BEACH BLVD  
HALLANDALE, FL 33009

**FEI Number:** 45-4269931

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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	PRESIDENT	Title	EXECUTIVE SECRETARY
Name	BARRETT, JONNITA	Name	BARRETT, FALLON
Address	350 W. WOODROW WILSON AVENUE	Address	350 W. WOODROW WILSON AVENUE
City-State-Zip:	JACKSON MS 39213	City-State-Zip:	JACKSON MS 39213

*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:** JONNITA BARRETT

**PRESIDENT**

**03/18/2016**

Electronic Signature of Signing Officer/Director Detail

Date