

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000099119

**Entity Name:** CENTRAL FL PHARMACY CORP.

**Current Principal Place of Business:**

1219 E COLONIAL DR  
ORLANDO, FL 32803

**Current Mailing Address:**

1219 E COLONIAL DR  
ORLANDO, FL 32803 US

**FEI Number:** 46-1515487

**Certificate of Status Desired:** No

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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	PVST	Title	PRESIDENT
Name	YOAKUM, QUANLE DR.	Name	YOAKUM, QUANLE DR.
Address	1219 E COLONIAL DR	Address	1219 E COLONIAL DR
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	ORLANDO FL 32803

*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:** QUANLE YOAKUM, DR

**PRESIDENT**

**01/27/2023**

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

\_\_\_\_\_  
Date