

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000006027

**Entity Name:** BRONSON PHARMACY, INC

**Current Principal Place of Business:**

830 E HATHAWAY AVE  
SUITE 400  
BRONSON, FL 32621

**Current Mailing Address:**

830 E HATHAWAY AVENUE  
SUITE 400  
BRONSON, FL 32621 US

**FEI Number:** 47-2974677

**Certificate of Status Desired:** No

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

HIGH END INCOME TAX & ACCOUNTING SERVICES  
919 SOUTH STATE RD 7  
PLANTATION, FL 33317 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  
Name NJOKU, MICHAEL  
Address 5830 SW 43RD STREET RD  
City-State-Zip: OCALA FL 34474

Title VP D  
Name EMOKPAE, MICHAEL O  
Address 919 SOUTH STATE RD 7  
City-State-Zip: PLANTATION FL 33317

*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:** MICHAEL NJOKU

P

04/22/2025

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

\_\_\_\_\_  
Date