

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000052507

**Entity Name:** CANYON MEDICAL PHARMACY, INC.

**Current Principal Place of Business:**

376 NORTHLAKE BLVD.  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

376 NORTHLAKE BLVD.  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number: 81-3036432**

**Certificate of Status Desired: No**

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

LUSSIER, JAMES R  
225 R. ROBINSON ST.  
LANDMARK CTR. II, STE. 600  
ORLANDO, FL 32801 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 D  
Name MACLEAY, MICHAEL R  
Address 376 NORTHLAKE BLVD.  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title D  
Name VOGT, STEPHEN C  
Address 376 NORTHLAKE BLVD.  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title D  
Name GARNER, H. STEPHEN  
Address 376 NORTHLAKE BLVD.  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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: DR STEPHEN C VOGT**

**CEO/PRESIDENT**

**01/31/2018**

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

\_\_\_\_\_  
Date