

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000075966

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

**Current Principal Place of Business:**

132 S. ANITA DR.  
SECOND FLOOR  
ORANGE, CA 92868

**Current Mailing Address:**

132 S. ANITA DR.  
#210  
ORANGE, CA 92868 US

**FEI Number:** 36-4636152

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 HARPER, ANDREW A  
Address 45 MOUNTAIN LAUREL WAY  
City-State-Zip: AZUSA CA 91702

Title VP  
Name MNATSAKANYAN, GOR  
Address 3131 MICHELSON DR., #701  
City-State-Zip: IRVINE CA 92612

*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:** GOR MNATSAKANYAN

**SECRETARY**

**02/29/2024**

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

\_\_\_\_\_  
Date