

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000011730

**Entity Name:** SEWALL'S POINT PHARMACY, INC.

**Current Principal Place of Business:**

3754 SE OCEAN BLVD SUITE B  
STUART, FL 34996

**Current Mailing Address:**

3754 SE OCEAN BLVD SUITE B  
STUART, FL 34996 US

**FEI Number:** 84-4685520

**Certificate of Status Desired:** No

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

TOTTERMAN, CRISTAL  
3754 SE OCEAN BLVD SUITE B  
STUART, FL 34996 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 PS  
Name TOTTERMAN, CRISTAL  
Address 3754 SE OCEAN BLVD SUITE B  
City-State-Zip: STUART FL 34996

Title VT  
Name TOTTERMAN, LARS  
Address 3754 SE OCEAN BLVD SUITE B  
City-State-Zip: STUART FL 34996

*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:** CRISTAL TOTTERMAN

PS

02/21/2025

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

\_\_\_\_\_  
Date