

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000081727

Entity Name: WELLS SPECIALTY PHARMACY, INC.

Current Principal Place of Business:

3796 HOWELL BRANCH RD.
WINTER PARK, FL 32792

Current Mailing Address:

3796 HOWELL BRANCH RD.
WINTER PARK, FL 32792 US

FEI Number: 59-3287703

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAPIRO, COLLEEN STACY
3796 HOWELL BRANCH RD.
WINTER PARK, FL 32792 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 DPST
Name SHAPIRO, COLLEEN S
Address 3796 HOWELL BRANCH RD.
City-State-Zip: WINTER PARK FL 32792

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: SHAPIRO , COLLEEN , STACY

PRESIDENT

01/27/2025

Electronic Signature of Signing Officer/Director Detail

Date