

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000001717

**Entity Name:** MAGNOLIA SPECIALTY PHARMACY, INC.

**Current Principal Place of Business:**

163 TURTLE CREEK DRIVE, SUITE 130  
HATTIESBURG, MS 39402

**Current Mailing Address:**

163 TURTLE CREEK DRIVE, SUITE 130  
HATTIESBURG, MS 39402 US

**FEI Number:** 45-2855515

**Certificate of Status Desired:** No

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

MACY, STEPHEN A CPA  
13770 58TH ST.N., SUITE 304  
CLEARWATER, FL 33760 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 CHRM  
Name PARKER, DAVID  
Address 1363 W.COUNTY HWY. 30A, UNIT 3112  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title PST  
Name PARKER, DAVID  
Address 1363 W.COUNTY HWY. 30A, UNIT 3112  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title VP  
Name PARKER, DAVID  
Address 1363 W.COUNTY HWY. 30A, UNIT 3112  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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:** DAVID PARKER

**OFFICER**

**01/11/2017**

Electronic Signature of Signing Officer/Director Detail

Date