

2019 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

PRESIDENT

02/07/2019

Electronic Signature of Signing Officer/Director Detail_____
Date