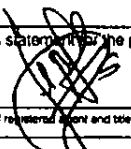
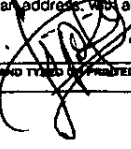


FILED
Mar 03, 2008 8:00 am
Secretary of State

01-15-2008 90033 024 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000061691		
1. Entity Name FIS'S CARE PHARMACY INC.		
Principal Place of Business 13205 SW 137 AVE - STE 207 MIAMI, FL 33186		Mailing Address 13205 SW 137 AVE - STE 207 MIAMI, FL 33186
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FIS, LISANDRO C 13205 SW 137 AVE - STE 207 MIAMI, FL 33186		66001970  01032008 No Chg-P CR2E034 (11/05) 4. FEI Number 20-2765939 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For Not Applicable
DO NOT WRITE IN THIS SPACE		8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  (NOTE: Registered Agent signature required when reappointing) DATE 1/10/08
		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$660.00		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIS, LISANDRO C 13205 SW 137 AVE - STE 207 MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address. With all other like empowered. SIGNATURE:  Date 2/26/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #		