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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

TREASURER

SIGNATURE: CARMEN ACEVES GORDON

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N08290

Entity Name: DADE COUNTY PHARMACY ASSOCIATION, INC.

Current Principal Place of Business:

1271 NE 97TH STREET MIAMI SHORES, FL 33138

Current Mailing Address:

1271 NE 97TH STREET MIAMI SHORES, FL 33138 US

FEI Number: 59-2535608

Name and Address of Current Registered Agent:

ACEVES, CARMEN 1271 NE 97TH STREET MIAMI SHORES, FL 33138 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

Officer/Director Detail :

Title	TREASURER	Title	PRESIDENT ELECT
Name	ACEVES, CARMEN	Name	HUMBERTO, MARTINEZ
Address	1271 NE 97TH STREET	Address	14217 SW. 45 ST
City-State-Zip:	MIAMI SHORES FL 33138	City-State-Zip:	MIAMI FL 33175
Title	IMMEDIATE PAST PRESIDENT	Title	PRESIDENT
Title Name	IMMEDIATE PAST PRESIDENT MARCUS, JOY	Title Name	PRESIDENT LUQUE, CARLA

FILED Jan 30, 2022 Secretary of State 0170600380CC

Date

Certificate of Status Desired: No

01/30/2022 Date