

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 293854

Entity Name: CHEEK PHARMACY, INC.

Current Principal Place of Business:

16734 S.E. 19 HWY
CROSS CITY, FL 32628

Current Mailing Address:

16740 CARAVAGGIO LOOP
MONTVERDE, FL 34756 US

FEI Number: 59-1104408

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATEL, HARIT
16740 CARAVAGGIO LOOP
MONTVERDE, FL 34756 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 D
Name PATEL, HARIT
Address 16740 CARAVAGGIO LOOP
City-State-Zip: MONTVERDE FL 34756

Title D
Name PATEL, SHRUTI
Address 11050 AUTUMN LANE
City-State-Zip: CLERMONT FL 34711

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: HARIT PATEL

OWNER

01/24/2025

Electronic Signature of Signing Officer/Director Detail

Date