# 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F43130

Entity Name: IDEL PHARMACY, INC.

## **Current Principal Place of Business:**

3314 W. COLUMBUS DR. TAMPA, FL 33607

## **Current Mailing Address:**

3314 W. COLUMBUS DR. TAMPA, FL 33607

## FEI Number: 59-2131126

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

SUAREZ, ILLAN 3314 W. COLUMBUS DR. TAMPA, FL 33607 US FILED Jan 26, 2016 Secretary of State CC2760878081

Date

Certificate of Status Desired: No

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           | S                   | Title           | V                    |
|-----------------|---------------------|-----------------|----------------------|
| Name            | SUAREZ, IDEL JR.    | Name            | SUAREZ, ILLAN DR.    |
| Address         | 324 OAK CREST DRIVE | Address         | 3316 W AILEEN STREET |
| City-State-Zip: | CEDAR TOWN GA 30125 | City-State-Zip: | TAMPA FL 33607       |
| Title           | т                   | Title           | Р                    |
| Name            | SUAREZ, IRMA        | Name            | SUAREZ, IDEL         |
| Address         | 306 PRUETT RD       | Address         | 306 PRUETT RD        |
| City-State-Zip: | SEFFNER FL 33584    | City-State-Zip: | SEFFNER FL 33584     |
| Title           | MGRM                |                 |                      |
| Name            | ALVAREZ, MARGARITA  |                 |                      |
| Address         | 3411 ST. CONRAD ST. |                 |                      |
| City-State-Zip: | TAMPA FL 33607      |                 |                      |
|                 |                     |                 |                      |

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: ILLAN SUAREZ

Electronic Signature of Signing Officer/Director Detail