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: DAN FUCARINO

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# J28968

Entity Name: DAN'S PHARMACY, INC.

Current Principal Place of Business:

11775 N. DALE MABRY HWY TAMPA, FL 33618

Current Mailing Address:

11775 N. DALE MABRY HWY TAMPA, FL 33618 US

FEI Number: 59-2707373

Name and Address of Current Registered Agent:

FUCARINO, DAN 11775 N. DALE MABRY HWY

TAMPA, FL 33618 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	P	Title	VP
Name	FUCARINO, DANIEL D.	Name	FUCARINO, LAURA W.
Address	11775 N. DALE MABRY HWY	Address	11775 N. DALE MABRY HWY.
City-State-Zip:	TAMPA FL	City-State-Zip:	TAMPA FL 33618
Title	Т	Title	SECRETARY
Title Name	T FUCARINO, ANDREW	Title Name	SECRETARY FUCARINO, MATTHEW D
	T FUCARINO, ANDREW 1509 HAVEN BEND		
Name		Name	FUCARINO, MATTHEW D

PRESIDENT

04/03/2019

7059945955CC

Date

FILED Apr 03, 2019

Secretary of State

Certificate of Status Desired: No

Date