

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000023587

**Entity Name:** MORHAIM PHARMALAB, INC.

**Current Principal Place of Business:**

6990 NW 82ND AVE  
MIAMI, FL 33166-2765

**Current Mailing Address:**

6990 NW 82ND AVE  
MIAMI, FL 33166-2765 US

**FEI Number:** 01-0621560

**Certificate of Status Desired:** No

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

DE QUIROZ, WILSCE S  
7969 NW 2ND STREET  
575  
MIAMI, FL 33126 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 P  
Name DE QUIROZ, WILSCE S  
Address 7969 NW 2ND STREET  
575  
City-State-Zip: MIAMI FL 33126

*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:** WILSCE SANTIAGO DE QUIROZ

**PRESIDENT**

**04/07/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date