

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000121931

**Entity Name:** PHARMA RESOURCES, INC.

**Current Principal Place of Business:**

501 NORTH ORLANDO AVE  
STE 313-259  
WINTER PARK, FL 32789

**Current Mailing Address:**

501 NORTH ORLANDO AVE  
STE 313-259  
WINTER PARK, FL 32789 US

**FEI Number:** 20-0349471

**Certificate of Status Desired:** No

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

LONGO, GREGORY A  
501 NORTH ORLANDO AVE  
STE 313-259  
WINTER PARK, FL 32789 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 LONGO, GREGORY A  
Address 501 NORTH ORLANDO AVENUE  
SUITE 313 - 259  
City-State-Zip: WINTER PARK FL 32789

*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:** GREGORY LONGO

**PRESIDENT**

**04/12/2016**

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

\_\_\_\_\_  
Date