

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000061691

**Entity Name:** FIS'S CARE PHARMACY INC.

**Current Principal Place of Business:**

15190 SW 136TH ST  
SUITE 27  
MIAMI, FL 33196

**Current Mailing Address:**

15190 SW 136TH ST  
SUITE 27  
MIAMI, FL 33196 US

**FEI Number:** 20-2765939

**Certificate of Status Desired:** No

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

FIS, LISANDRO C  
16645 SW 87TH CT  
PALMETTO BAY , FL 33196 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 FIS, LISANDRO C  
Address 16645 SW 8TH CT  
City-State-Zip: PALMETTO BAY FL 33196

*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:** FIS LISANDRO C

P

01/31/2019

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

\_\_\_\_\_  
Date