

**2018 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  
13205 SW 137 AVE - STE 207  
MIAMI, FL 33186 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 13205 SW 137 AVE - STE 207  
City-State-Zip: MIAMI FL 33186

*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

**PRESIDENT**

**04/17/2018**

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

\_\_\_\_\_  
Date