

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000061691

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

**Current Principal Place of Business:**

22836 SW 89 PLACE  
CUTLER BAY, FL 33190

**Current Mailing Address:**

22836 SW 89 PLACE  
CUTLER BAY, FL 33190 US

**FEI Number:** 20-2765939

**Certificate of Status Desired:** No

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

FIS, LISANDRO C  
22836 SW 89 PLACE  
CUTLER BAY, FL 33190 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            PRESIDENT

Name            FIS, LISANDRO

Address        22836 SW 89 PLACE

City-State-Zip: CUTLER BAY FL 33190

*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:** LISANDRO FIS

**PRESIDENT**

**03/08/2021**

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

\_\_\_\_\_  
Date