

2016 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

FIS'S CARE PHARMACY
INC.

04/29/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date