

**2020 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:**

P.O. BOX 772631  
MIAMI, FL 33177 US

**FEI Number:** 20-2765939

**Certificate of Status Desired:** No

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

FIS, LISANDRO C  
2621 SW 132 AVE  
MIAMI, FL 33177 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        2621 SW 132 AVE  
City-State-Zip: MIAMI 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:** LISANDRO FIS

**PRESIDENT**

**06/08/2020**

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

\_\_\_\_\_  
Date