

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000069096

**Entity Name:** PREMIUM PHARMACY, INC.

**Current Principal Place of Business:**

8901 SW 157TH AVE  
SUITE 3  
MIAMI, FL 33196

**Current Mailing Address:**

8901 SW 157TH AVE  
SUITE 3  
MIAMI, FL 33196

**FEI Number:** 26-0348061

**Certificate of Status Desired:** No

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

FERNANDEZ, YUDITH  
14405 SW 45TH TERRACE  
MIAMI, FL 33175 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	Title	VP
Name	FERNANDEZ, YUDITH	Name	SOLE, SALVADOR SR.
Address	14405 SW 45TH TERRACE	Address	8901 SW 157TH AVE SUITE 3
City-State-Zip:	MIAMI FL 33175	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:** YUDITH FERNANDEZ

**PRESIDENT**

**03/09/2016**

Electronic Signature of Signing Officer/Director Detail

Date