### SIGNATURE: YUDITH FERNANDEZ

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

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

FERNANDEZ, YUDITH

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:

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

## 2019 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

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

14405 SW 45TH TERRACE MIAMI, FL 33175 US

Date

#### FILED Mar 29, 2019 Secretary of State 1461204708CC

Certificate of Status Desired: No

MIAMI FL 33196

City-State-Zip:

03/29/2019