

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000095277

**Entity Name:** LAKHANI RX, INC.

**Current Principal Place of Business:**

4400 N ANDREWS AVE  
FT LAUDERDALE, FL 33309

**Current Mailing Address:**

4400 N ANDREWS AVE  
FT LAUDERDALE, FL 33309

**FEI Number:** 45-3968054

**Certificate of Status Desired:** No

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

ROSS, GREG  
311 SOUTHEAST TENTH CT  
FT LAUDERDALE, FL 33316 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 LAKHANI, ANEESH  
Address 4400 N ANDREWS AVE  
City-State-Zip: FT LAUDERDALE FL 33309

Title VP  
Name LAKHANI, MICHELLE  
Address 4400 N ANDREWS AVE  
City-State-Zip: FT LAUDERDALE FL 33309

Title T  
Name LAKHANI, ASHOK  
Address 4400 N ANDREWS AVE  
City-State-Zip: FT LAUDERDALE FL 33309

Title S  
Name LAKHANI, PRATIMA  
Address 4400 N ANDREWS AVE  
City-State-Zip: FT LAUDERDALE FL 33309

*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:** ASHOK LAKHANI

**TREASURER**

**03/09/2016**

Electronic Signature of Signing Officer/Director Detail

Date