

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000063692

**Entity Name:** CLERMONT COMMUNITY PHARMACY INC

**Current Principal Place of Business:**

290 CITRUS TOWER BLVD  
SUITE 106  
CLERMONT, FL 34711

**Current Mailing Address:**

290 CITRUS TOWER BLVD  
SUITE 106  
CLERMONT, FL 34711 US

**FEI Number:** 46-0633359

**Certificate of Status Desired:** No

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

PATEL, VIRAL  
290 CITRUS TOWER BLVD  
SUITE 106  
CLERMONT, FL 34711 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:** VIRAL PATEL

04/30/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name VIRAL, PATEL  
Address 20011 PERGOLA BEND LANE  
City-State-Zip: TAMPA FL 33647

Title D  
Name AMIN, NIRAJ  
Address 1052 LASCALA DR  
City-State-Zip: WINDERMERE FL 34786

Title D  
Name KOWLESSAR, KUNTIE  
Address 2065 NEWTOWN RD  
City-State-Zip: GROVELAND FL 34736

*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:** NIRAJ AMIN

**MEMBER**

04/30/2016

Electronic Signature of Signing Officer/Director Detail

Date