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: MOHAMMAD HARIRI

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

SIGNATURE: Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Р	Title	VICE PRESIDENT
Name	HARIRI, MOHAMMAD	Name	SBAHI, MAHER
Address	9 RED BUD LANE	Address	14592 BRADDOCK OAK DRIVE
City-State-Zip:	GREENBROOK NJ 08812	City-State-Zip:	ORLANDO FL 32827-4947

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.

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000081758

Entity Name: XUBEX COMMUNITY PHARMACY, INC

Current Principal Place of Business:

500 STATE ROAD 436 #1010 CASSELBERRY, FL 32707

Current Mailing Address:

500 STATE ROAD 436 #1010 CASSELBERRY, FL 32707 US

FEI Number: 46-1074131

Name and Address of Current Registered Agent:

HARIRI, SHEREEN 77 CYPRESS LANE MAITLAND, FL 32751 US FILED Jan 24, 2016 Secretary of State CC3809159527

Date

Certificate of Status Desired: No

01/24/2016