

**2014 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

**Certificate of Status Desired:** No

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

HARIRI, SHEREEN  
77 CYPRESS LANE  
MAITLAND, FL 32751 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 HARIRI, MOHAMMAD  
Address 9 RED BUD LANE  
City-State-Zip: GREENBROOK NJ 08812

Title VICE PRESIDENT  
Name SBAHI, MAHER  
Address 14592 BRADDOCK OAK DRIVE  
City-State-Zip: ORLANDO FL 32827-4947

*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

**PRESIDENT**

**01/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date