

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000011986

**Entity Name:** T&T PHARMACY/DME CONSULTING, INC.

**Current Principal Place of Business:**

5293 SANCERRE CIRCLE  
WEST PALM BEACH, FL 33463

**Current Mailing Address:**

PO BOX 670452  
CORAL SPRINGS, FL 33067

**FEI Number:** 80-0267836

**Certificate of Status Desired:** Yes

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

BROWN, TREPHENE C  
5293 SANCERRE CIRCLE  
WEST PALM BEACH, FL 33463 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            BROWN, TREPHENE C  
Address        5293 SANCERRE CIRCLE  
City-State-Zip: WEST PALM BEACH FL 33463

*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:** TREPHENE BROWN

**PRESIDENT**

**01/12/2018**

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

\_\_\_\_\_  
Date