

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000088058

Entity Name: MEDLY MIAMI INC.**Current Principal Place of Business:**C/O MEDLY PHARMACY 104 GRAHAM AVE
BROOKLYN, NY 11206**Current Mailing Address:**C/O MEDLY PHARMACY 104 GRAHAM AVE
BROOKLYN, NY 11206 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 CEO, DIRECTOR, PRESIDENT
Name PATEL, MARG
Address 76 GRAHAM AVE.
City-State-Zip: BROOKLYN NY 11206

Title CHAIRMAN, DIRECTOR
Name PATEL, SAHAJ
Address 76 GRAHAM AVE.
City-State-Zip: BROOKLYN NY 11206

Title AUTHORIZED PERSON
Name LAU, LING
Address C/O MEDLY PHARMACY 104
GRAHAM AVE
City-State-Zip: BROOKLYN NY 11206

Title VP, DIRECTOR
Name PATEL, JITENDRA
Address 76 GRAHAM AVE
City-State-Zip: BROOKLYN NY 11206

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: LING LAU**AUTHORIZED PERSON****04/15/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date