

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000168023

Entity Name: SHAFI PHARMACY, LLC

Current Principal Place of Business:

6447 LAKE WORTH RD.
LAKE WORTH, FL 33414

Current Mailing Address:

6447 LAKE WORTH RD.
LAKE WORTH, FL 33414

FEI Number: 46-4376405

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MITTENTHAL, JOSHUA M ESQ.
3100 S. FEDERAL HWY.
STE. B
DELRAY BEACH, FL 33483 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

Authorized Person(s) Detail :

Title MGRM
Name JAVED, MOHAMMAD T M.D.
Address 6447 LAKE WORTH RD.
City-State-Zip: LAKE WORTH FL 33414

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MOHAMMAD T JAVED, MD

MGRM

04/13/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date