

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000148449

Entity Name: ICPHARMACIST, PLLC

Current Principal Place of Business:

1033 PINEY Z PLANTATION RD
TALLAHASSEE, FL 32311

Current Mailing Address:

1033 PINEY Z PLANTATION RD
TALLAHASSEE, FL 32311 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
5575 S. SEMORAN BLVD.
SUITE 36
ORLANDO, FL 32822 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 AMBR
Name GAINES-WRIGHT, TWILA M
Address 1033 PINEY Z PLANTATION RD
City-State-Zip: TALLAHASSEE FL 32311

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: GAINES-WRIGHT , TWILA M

AMBR

03/16/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date