

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90073 002 ***150.00

DOCUMENT # P04000024302

1. Entity Name

L.D.C. Pharmacy Inc.



DO NOT WRITE IN THIS SPACE

20013804

2. Principal Place of Business

9676 NW 25 St

3. Mailing Address

9676 NW 25 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

04-3784368

Applied For

Not Applicable

Zip
33172

Country
Miami-Dade

Zip
33172

Country
Miami-Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Hernandez, Lorenzo F

Street Address (P.O. Box Number is Not Acceptable)

9676 NW 25 St

City Miami

FL

Zip Code
33172

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registrant, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/05

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Hernandez, Lorenzo F
9676 NW 25 St
Miami, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-16-05

CR2E034B (12/02)