

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000013960

Entity Name: NOBIS PHARMACY, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

65 NW 167TH STREET
NORTH MIAMI BEACH, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 170332
HIALEAH, FL 33017

New Mailing Address:

FEI Number: 65-0557544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHUCK MOGBO, P.A.
2800 W OAKLAND PK BLVD
STE 209
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: IZUNOBI, CELESTINE O
Address: P.O. BOX 170332 N/A
City-St-Zip: HIALEAH, FL 330170332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DR. CELESTINE IZUNOB, I
Address: P.O. BOX 170332 N/A
City-St-Zip: HIALEAH, FL 330170332

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR. CELESTINE IZUNOBI

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date