

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000013960

**Entity Name:** NOBIS PHARMACY, INC.

**FILED**  
**May 15, 2011**  
**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

**OFFICERS AND DIRECTORS:**

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

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: CELESTINE IZUNOBI

CEO

05/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date