

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 421396

**Entity Name:** MIAMI GARDENS PHARMACY, INC.

**Current Principal Place of Business:**

7 BARRY RD.  
WEST PARK, FL 33023-5271

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC1772621887**

**Current Mailing Address:**

7 BARRY RD.  
WEST PARK, FL 33023-5271

**FEI Number: 59-1453282**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BENJAMIN, HAROLD L  
6208 PEMBROKE ROAD  
MIRAMAR, FL 33023 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

**Officer/Director Detail :**

Title	PVT	Title	S
Name	ALEXANDER, MARC	Name	ALEXANDER, BARBARA
Address	7 BARRY RD	Address	7 BARRY RD
City-State-Zip:	WEST PARK FL 33023	City-State-Zip:	WEST PARK FL 33023

*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: MARC ALEXANDER**

**PRESIDENT**

**01/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date