

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H51598

**Entity Name:** CUSTOM MEDS, INC.

**Current Principal Place of Business:**

102 E. HIGHLAND BLVD  
INVERNESS, FL 34452

**Current Mailing Address:**

102 E. HIGHLAND BLVD  
INVERNESS, FL 34452 US

**FEI Number:** 59-2527680

**Certificate of Status Desired:** No

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

DILEO, JESSICA  
102 E. HIGHLAND BLVD  
INVERNESS, FL 34452 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 PS  
Name DILEO, JESSICA  
Address 102 E. HIGHLAND BLVD  
City-State-Zip: INVERNESS FL 34452

*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:** JESSICA DILEO

**PRES**

**01/28/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date