

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000037803

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

**Current Principal Place of Business:**

4152 W. BLUE HERON BLVD.  
SUITE 129  
RIVIERA BEACH, FL 33404-4859

**Current Mailing Address:**

4152 W. BLUE HERON BLVD.  
SUITE 129  
RIVIERA BEACH, FL 33404-4859

**FEI Number:** 51-0458208

**Certificate of Status Desired:** No

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

DHLIWAYO, PATIENCE  
122 KINGS WAY  
ROYAL PALM BEAH, FL 33411 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 PD  
Name DHLIWAYO, PATIENCE  
Address 122 KINGS WAY  
City-State-Zip: ROYAL PALM BEACH FL 33411

*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:** PATIENCE DHLIWAYO

**PRESIDENT**

**05/05/2015**

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

\_\_\_\_\_  
Date