

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000085230

Entity Name: CPHARMAX, INC.

Current Principal Place of Business:

3190 CITRUS TOWER BLVD
SUITE B
CLERMONT, FL 34711

Current Mailing Address:

3190 CITRUS TOWER BLVD
SUITE B
CLERMONT, FL 34711 US

FEI Number: 20-1248655

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALKER, GARY
100 S. ASHLEY DR., SUITE 1500
TAMPA, FL 33602 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 PRES
Name HUANG, HANXIAN
Address 3190 CITRUS TOWER BLVD, SUITE B
City-State-Zip: CLERMONT FL 34711

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: HANXIAN HUANG, MD, PHD

PRESIDENT

04/24/2016

Electronic Signature of Signing Officer/Director Detail

Date