

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000000203

**Entity Name:** VIDA PHARMACY CORP

**Current Principal Place of Business:**

7250 W 24TH AVE. STE 19-20  
HIALEAH, FL 33016

**Current Mailing Address:**

7250 W 24TH AVE. STE 19-20  
HIALEAH, FL 33016 US

**FEI Number:** 20-8130935

**Certificate of Status Desired:** No

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

FERNANDEZ, SILVIA M  
7250 W 24TH AVE. STE 19-20  
HIALEAH, FL 33016 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 P  
Name FERNANDEZ, SILVIA M  
Address 330 SW 187 AVE  
City-State-Zip: PEMBROKE PINES FL 33029

Title VP  
Name FERNANDEZ, RAIMUNDO  
Address 330 SW 187 AVE  
City-State-Zip: PEMBROKE PINES FL 33029

*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:** RAIMUNDO FERNANDEZ

VP

03/08/2023

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

\_\_\_\_\_  
Date