

2016 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

05/15/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date