

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000063638

**Entity Name:** E-PHARM WHOLESALERS INC.

**Current Principal Place of Business:**

1671 NW 144 TERRACE  
111  
SUNRISE, FL 33323

**Current Mailing Address:**

3346 N.W. 125TH WAY  
SUNRISE, FL 33323 US

**FEI Number:** 27-3183731

**Certificate of Status Desired:** Yes

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

GIL, EDUARDO A  
3346 N.W. 125TH WAY  
SUNRISE, FL 33323 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 PSD  
Name GIL, EDUARDO A  
Address 3346 N.W. 125TH WAY  
City-State-Zip: SUNRISE FL 33323

*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:** EDUARDO A. GIL

PSD

01/06/2017

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

\_\_\_\_\_  
Date