## 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: ALPESH PATEL

Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# P10000081053

Entity Name: OHM PHARMACY SERVICES, INC

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### **Current Principal Place of Business:**

301 HAVENDALE BLVD AUBURNDALE, FL 33823

#### **Current Mailing Address:**

**5908 BRECKENRIDGE PKWY** TAMPA, FL 33610 US

#### FEI Number: 38-3838224

### Name and Address of Current Registered Agent:

PATEL, ALPESH 5908 BRECKENRIDGE PKWY TAMPA, FL 33610 US

Date

Certificate of Status Desired: No

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

### **Officer/Director Detail :**

Title	PS	Title	VT
Name	PATEL, MANISH	Name	PATEL, ALPESH
Address	5908 BRECKENRIDGE PKWY	Address	5908 BRECKENRIDGE PKWY
City-State-Zip:	TAMPA FL 33610	City-State-Zip:	TAMPA FL 33610

VICE PRESIDENT

01/16/2018

Date