I hereby certify that the information indicated on this report or supplemental report is true an oath; that I am an officer or director of the corporation or the receiver or trustee empowered above, or on an attachment with all other like empowered.		
SIGNATURE: ALPESH PATEL	VP	01/29/2019

SIGNATURE: ALPESH PATEL

Electronic Signature of Signing Officer/Director Detail

**Current Mailing Address: 5908 BRECKENRIDGE PKWY** 

TAMPA, FL 33610 US

### FEI Number: 38-3838224

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

PATEL, ALPESH 5908 BRECKENRIDGE PKWY TAMPA, FL 33610 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:

**Officer/Director Detail :** PS Title VT Title 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

**Current Principal Place of Business:** 

301 HAVENDALE BLVD AUBURNDALE, FL 33823

# DOCUMENT# P10000081053 Entity Name: OHM PHARMACY SERVICES, INC

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Certificate of Status Desired: No

# FILED Jan 29, 2019 Secretary of State 3912170253CC

Date

Date