

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000063472

Entity Name: HOME MEDS INC.

Current Principal Place of Business:

4441 NW 195 STREET
MIAMI, FL 33055

Current Mailing Address:

PO BOX 612665
MIAMI, FL 33055

FEI Number: 45-2842525

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMAS, JENNY
4441 NW 195 STREET
MIAMI, FL 33055 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 THOMAS, JENNY
Address 4441 NW 195 STREET
City-State-Zip: MIAMI FL 33055

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: JENNY THOMAS

P

06/23/2020

Electronic Signature of Signing Officer/Director Detail

Date