

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000019336

**Entity Name:** LAKE ELLA PHARMACY CORP.

**Current Principal Place of Business:**

1707 1/2 MONROE STREET  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

4313 MAYLOR LANE  
TALLAHASSEE, FL 32308

**FEI Number:** 46-2084200

**Certificate of Status Desired:** No

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

MENSAH-MAMFO, SAMUEL K  
4313 MAYLOR LANE  
TALLAHASSEE, FL 32308 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 MENSAH-MAMFO, SAMUEL K  
Address 4313 MAYLOR LANE  
City-State-Zip: TALLAHASSEE FL 32308

Title VP  
Name MENSAH-MAMFO, ELEONORE  
Address 4313 MAYLOR LANE  
City-State-Zip: TALLAHASSEE FL 32308

*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: SAMUEL MENSAH-MAMFO**

**PRESIDENT**

**01/13/2015**

Electronic Signature of Signing Officer/Director Detail

Date