

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000090375

**Entity Name:** PHARMASURE HOLDING, INC.

**Current Principal Place of Business:**

5367 N. NOB HILL ROAD  
SUNRISE, FL 33351

**Current Mailing Address:**

P.O. BOX 450039  
FORT LAUDERDALE, FL 33345 US

**FEI Number:** 27-3355411

**Certificate of Status Desired:** No

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

MAYUNGBE, ALBERT A CPA  
111 NW 183RD STREET  
SUITE 402  
MIAMI, FL 33169 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 PD  
Name ORUKOTAN, OLADAPO  
Address 3225 NORTH HIATUS RD, #450039  
City-State-Zip: FORT LAUDERDALE FL 33345

*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:** OLADAPO ORUKOTAN

**PRESIDENT**

**03/12/2025**

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

\_\_\_\_\_  
Date