

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000079604

**Entity Name:** FOUNTAIN PHARMACY, INC.

**Current Principal Place of Business:**

1331 W BROADWAY ST  
OVIEDO, FL 32765

**Current Mailing Address:**

1331 W BROADWAY ST  
OVIEDO, FL 32765 US

**FEI Number: 81-4054956**

**Certificate of Status Desired:** No

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

ALALADE, OLUROTIMI  
1331 W BROADWAY ST  
OVIEDO, FL 32765 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 D  
Name ALALADE, OLUROTIMI  
Address 1331 W BROADWAY ST  
City-State-Zip: OVIEDO FL 32765

*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: OLUROTIMI ALALADE**

**DIRECTOR**

**02/25/2021**

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

\_\_\_\_\_  
Date