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: ALEX TSIRULNIKOV

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P17000051658 Entity Name: NMB PHARMACY, INC

## **Current Principal Place of Business:**

1203 NE 163RD STREET # 103 NORTH MIAMI BEACH, FL 33162

### **Current Mailing Address:**

1203 NE163 STREET 103 NORTH MIAMI, FL 33162 US

#### FEI Number: 82-2088592

# Name and Address of Current Registered Agent:

TSIRULNIKOV, ALEX 3389 SHERIDAN STREET **SUITE**, 628 HOLLYWOOD, FL 33021 US

City-State-Zip: NORTH MIAMI FL 33162

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	ALEX TSIRULNIKOV		10/15/2019	
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	P	Title	Р	
Name	TSIRULNIKOV, ALEX	Name	BILIK, NATALYA	
Address	1203 NE 163RD STREET 103	Address	3389 SHERIDAN STREET	
		City-State-Zip:	HOLLYWWOD FL 33021	

Oct 15, 2019 Secretary of State 8813879695CR

FILED

Certificate of Status Desired: Yes

9

PRESIDENT

10/15/2019

# **2019 FLORIDA PROFIT CORPORATION REINSTATEMENT**