

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000054354

**FILED**  
**Jan 08, 2024**  
**Secretary of State**  
**2370510197CC**

**Entity Name:** THREE OAKS PHARMACY, INC

**Current Principal Place of Business:**

BONITA PHARMACY  
10347 BONITA BEACH ROAD SE#117  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

BONITA PHARMACY  
10347 BONITA BEACH ROAD SE#117  
BONITA SPRINGS, FL 34135 US

**FEI Number:** 82-1969617

**Certificate of Status Desired:** No

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

SHAH, DAIVIK  
BONITA PHARMACY  
10347 BONITA BEACH ROAD SE#117  
BONITA SPRINGS, FL 34135 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:** SHAH DAIVIK

01/08/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SHAH, DAIVIK K  
Address BONITA PHARMACY  
10347 BONITA BEACH ROAD SE#117  
City-State-Zip: BONITA SPRINGS FL 34135

Title VP  
Name CHAUDHARI, BHAVANA  
Address BONITA PHARMACY  
10347 BONITA BEACH ROAD SE#117  
City-State-Zip: BONITA SPRINGS FL 34135

*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:** DAIVIK SHAH

PRESIDENT

01/08/2024

Electronic Signature of Signing Officer/Director Detail

Date