

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000093403

**Entity Name:** TRUE HEALTH PHARMACY CORP.

**Current Principal Place of Business:**

8504 NW 103 ST  
HIALEAH GARDENS, FL 33016

**Current Mailing Address:**

8504 NW 103 ST  
HIALEAH GARDENS, FL 33016 US

**FEI Number: 84-2834208**

**Certificate of Status Desired:** No

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

ELOY RODRIGUEZ, MARIA C  
8504 NW 103 ST  
HIALEAH GARDENS, FL 33016 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:** MARIA C. ELOY RODRIGUEZ

04/10/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ELOY RODRIGUEZ, MARIA C  
Address 8504 NW 103 ST  
City-State-Zip: HIALEAH GARDENS FL 33016

Title VP  
Name EBRAN-GONZALEZ, RAUL  
Address 8504 NW 103 STREET  
City-State-Zip: HIALEAH GARDENS FL 33016

*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:** MARIA C. ELOY RODRIGUEZ

**PRESIDENT**

04/10/2025

Electronic Signature of Signing Officer/Director Detail

Date