

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000072950

**Entity Name:** C. PHARMACY ORLANDO, INC.**Current Principal Place of Business:**9801 COLLINS AVE., UNIT 11-K  
BAL HARBOUR, FL 33154**Current Mailing Address:**9801 COLLINS AVE., UNIT 11-K  
BAL HARBOUR, FL 33154**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE MAINTENANCE SERVICES, LLC  
1000 BRICKELL AVENUE, SUITE 400  
MIAMI, FL 33131 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	DP
Name	CIAO, ANDRE
Address	9801 COLLINS AVE., UNIT 11-K
City-State-Zip:	BAL HARBOUR FL 33154

Title	D
Name	CIAO, ALVARO
Address	9801 COLLINS AVE., UNIT 11-K
City-State-Zip:	BAL HARBOUR FL 33154

Title	D
Name	CIAO, ANSELMO
Address	9801 COLLINS AVE., UNIT 11-K
City-State-Zip:	BAL HARBOUR FL 33154

Title	S
Name	CIAO, THIAGO
Address	9801 COLLINS AVE., UNIT 11-K
City-State-Zip:	BAL HARBOUR FL 33154

*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:** CIAO , ANDRE**D, CMS AUTH REP****04/18/2022**

Electronic Signature of Signing Officer/Director Detail

Date