

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000013960

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

**Current Principal Place of Business:**

16705 NE 19 TH AVE  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

P O BOX 170332  
HIALEAH, FL 33017

**FEI Number:** 65-0557544

**Certificate of Status Desired:** No

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

IZUNOBI, CELESTINE DR.  
16705 NE 19 TH AVE  
NORTH MIAMI BEACH, FL 33162 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:** CELESTINE IZUNOBI

04/19/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name DR. CELESTINE IZUNOBI  
Address P.O. BOX 170332  
City-State-Zip: HIALEAH FL 33017-0332

*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:** FELICIA IZUNOBI

REGISTERED AGENT

04/19/2023

Electronic Signature of Signing Officer/Director Detail

Date