

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000013960

Entity Name: NOBIS PHARMACY, INC.

Current Principal Place of Business:

16705 NE 19TH AVE
NORTH MIAMI BEACH, FL 33168

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:

CHUCK MOGBO, P.A.
65 NW 167 STREET
NORTH MIAMI BEACH, FL 33169 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 PD
Name DR. CELESTINE IZUNOBI
Address P.O. BOX 170332 N/A
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: DR CELESTINE IZUNOBI

PRESIDENT

01/19/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date