

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000060786

**Entity Name:** COMPLETE PHARMACY AND MEDICAL SOLUTIONS, LLC

**Current Principal Place of Business:**

5829 NW 158TH STREET  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

5829 NW 158TH STREET  
MIAMI LAKES, FL 33014 US

**FEI Number:** 26-0353814

**Certificate of Status Desired:** Yes

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

GAISER, GREGORY G  
14315 LINDED DRIVE  
SPRING HILL, FL 34609 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

**Authorized Person(s) Detail :**

Title MGRM  
Name GAISER, GREGORY G DR.  
Address 5829 NW 158TH STREET  
City-State-Zip: MIAMI LAKES FL 33014

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GREGORY GAISER

MGRM

04/05/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date