

**2021 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:** No

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

RICHARDSON, CHARLES P DR.  
5829 NW 158TH STREET  
MIAMI LAKES, FL 33014 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:** CHARLES P. RICHARDSON

01/13/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	CEO	Title	DIRECTOR OF FINANCE
Name	RICHARDSON, CHARLES P DR.	Name	RODRIGUEZ, VIVIANA
Address	5829 NW 158TH STREET	Address	5829 NW 158TH STREET
City-State-Zip:	MIAMI LAKES FL 33014	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:** CHARLES RICHARDSON

CEO

01/13/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date