

2014 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 G GAISER

OWNER

03/03/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date