

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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

02/21/2020

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
Title	MEDICAL DIRECTOR & BOD	Title	BOD
Name	HALL, KEVIN MD	Name	ROBERTS, JAMES MD
Address	5829 NW 158TH STREET	Address	5829 NW 158TH STREET
City-State-Zip:	MIAMI LAKES FL 33014	City-State-Zip:	MIAMI LAKES FL 33014
Title	PHARMACIST	Title	PHARMACIST
Name	GAISER, GREGORY G DR.	Name	FORDE, N ESAN DR.
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: VIVIANA RODRIGUEZ

DIRECTOR OF FINANCE

02/21/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date