2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2019
Secretary of State
5797351277CC

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Entity Name: METROMEDS PHARMACY LLC

Current Principal Place of Business:

409 E MICHIGAN ST
ORLANDO, FL 32806

Current Mailing Address:

409 E MICHIGAN ST
ORLANDO, FL 32806 US

FEI Number: 80-0821152

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ESTAFAN, AMGAD
409 E MICHIGAN ST
ORLANDO, FL 32806 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	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	ESTAFAN, AMGAD	Name	ESTAFAN, MARINA
Address	409 E MICHIGAN ST	Address	409 E MICHIGAN ST
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806

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: AMGAD ESTAFAN MANAGER 03/19/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date