2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2019
Secretary of State
0125611346CC

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Entity Name: ACARIAHEALTH PHARMACY #13, INC.

Current Principal Place of Business:

8427 SOUTHPARK CIRCLE, #400
ORLANDO, FL 32819

Current Mailing Address:

8427 SOUTHPARK CIRCLE, #400
ORLANDO, FL 32819 US

FEI Number: 26-0226900

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Officer/Director Detail :

Title	DIRECTOR
Name	HOWARD, DONALD
Address	8427 SOUTHPARK CIRCLE, #400
City-State-Zip:	ORLANDO FL 32819

Title	CEO, PRESIDENT
Name	HOWARD, DONALD
Address	8427 SOUTHPARK CIRCLE, #400
City-State-Zip:	ORLANDO FL 32819

Title	VICE PRESIDENT OF TAX
Name	DINKELMAN, TRICIA
Address	7700 FORSYTH BLVD
City-State-Zip:	ST. LOUIS MO 63105

Title	ASSISTANT SECRETARY
Name	BRADLEY-WELLS, KATHY
Address	8427 SOUTHPARK CIRCLE, #400
City-State-Zip:	ORLANDO FL 32819

Title	DIRECTOR
Name	WILLIAMSON, KEITH H
Address	7700 FORSYTH BLVD
City-State-Zip:	ST. LOUIS MO 63105

Title	CFO
Name	JENSEN, STEPHEN
Address	8427 SOUTHPARK CIRCLE, #400
City-State-Zip:	ORLANDO FL 32819

Title	SECRETARY
Name	WILLIAMSON, KEITH H
Address	7700 FORSYTH BLVD
City-State-Zip:	ST. LOUIS MO 63105

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TRICIA DINKELMAN VICE PRESIDENT OF TAX 04/02/2019

Electronic Signature of Signing Officer/Director Detail — Date