

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000000335

Entity Name: ACARIAHEALTH PHARMACY #13, INC.**Current Principal Place of Business:**8427 SOUTHPARK CIRCLE, #400
ORLANDO, FL 32819**Current Mailing Address:**7700 FORSYTH BLVD.
ST. LOUIS, MO 63105 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	PRESIDENT
Name	JENSEN, STEPHEN
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	CEO, DIRECTOR
Name	ASHER, ANDREW A
Address	8735 HENDERSON RD., REN1, 3RD FL
City-State-Zip:	TAMPA FL 33634

Title	SECRETARY, DIRECTOR
Name	KOSTER, CHRISTOPHER
Address	8427 SOUTHPARK CIRCLE, #400
City-State-Zip:	ORLANDO FL 32819

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, TAX

04/26/2021

Electronic Signature of Signing Officer/Director Detail_____
Date