

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017756

Entity Name: COMMCARE PHARMACY - WPB, LLC**Current Principal Place of Business:**1689 FORUM PLACE
WEST PALM BEACH, FL 33401**Current Mailing Address:**13034 BALLANTYNE CORPORATE PLACE
CHARLOTTE, NC 28277 US**FEI Number:** 65-1188311**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. 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

Authorized Person(s) Detail :

Title MANAGING MEMBER
Name NS3 HEALTH, LLC
Address 2817 E OAKLAND PARK BLVD #303
City-State-Zip: FORT LAUDERDALE FL 33306

Title MANAGER
Name PRICE, KELLI
Address 13034 BALLANTYNE CORPORATE PLACE
City-State-Zip: CHARLOTTE NC 28277

Title MANAGER
Name MCKASSON, CRAIG
Address 13034 BALLANTYNE CORPORATE PLACE
City-State-Zip: CHARLOTTE NC 28277

Title CEO
Name ISAAK, GREG
Address 1689 FORUM PLACE
City-State-Zip: WEST PALM BEACH FL 33401

Title MANAGER
Name GILBERT, DURRAL
Address 13034 BALLANTYNE CORPORATE PLACE
City-State-Zip: CHARLOTTE NC 28277

Title SECRETARY
Name FORREST, ANNA-MARIE
Address 13034 BALLANTYNE CORPORATE PLACE
City-State-Zip: CHARLOTTE NC 28277

Title CHAIRMAN
Name GILBERT, DURRAL
Address 13034 BALLANTYNE CORPORATE PLACE
City-State-Zip: CHARLOTTE NC 28277

Title CFO, TREASURER
Name MCKASSON, CRAIG
Address 13034 BALLANTYNE CORPORATE PLACE
City-State-Zip: CHARLOTTE NC 28277

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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: ANNA-MARIE FORREST**SECRETARY****03/04/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASST. TREASURER
Name STEIN, LISA
Address 13034 BALLANTYNE CORPORATE PLACE
City-State-Zip: CHARLOTTE NC 28277

Title ASST. TREASURER
Name ROSE, DOROTHY GENTRY
Address 13034 BALLANTYNE CORPORATE PLACE
City-State-Zip: CHARLOTTE NC 28277

Title SECURITY OFFICER
Name GOODSON, STEVE
Address 13034 BALLANTYNE CORPORATE PLACE
City-State-Zip: CHARLOTTE NC 28277

Title VP
Name CASTILLO, SUSAN
Address 2817 EAST OAKLAND PARK BLVD.
SUITE 303
City-State-Zip: FORT LAUDERDALE FL 33306

Title VP
Name MCMANAMY, KENDELL
Address 2817 EAST OAKLAND PARK BLVD.
SUITE 303
City-State-Zip: FORT LAUDERDALE FL 33306

Title PRIVACY OFFICER
Name WELLS-MAYNARD, GINA
Address 13034 BALLANTYNE CORPORATE
PLACE
City-State-Zip: CHARLOTTE NC 28277