

**2016 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 MANAGER  
Name GILBERT, DURRAL  
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 MANAGER  
Name PRICE, KELLI  
Address 13034 BALLANTYNE CORPORATE  
PLACE  
City-State-Zip: CHARLOTTE NC 28277

*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:** CRAIG MCKASSON

**MANAGER**

**01/12/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date