

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067199

Entity Name: SPECIALTY PHARMACY SOLUTIONS LLC

Current Principal Place of Business:

10620 FERNANDO ST
ORLANDO, FL 32825

Current Mailing Address:

10620 FERNANDO ST
ORLANDO, FL 32825 US

FEI Number: 02-0736282

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SULLIVAN, WILLIAM J
10620 FERNANDO ST
ORLANDO, FL 32825 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
Name SULLIVAN, WILLIAM J
Address 10620 FERNANDO ST
City-State-Zip: ORLANDO FL 32825

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: WILLIAM SULLIVAN

MANAGER

03/03/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date