

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094010

Entity Name: PROCARE PHARMACY CARE, LLC**Current Principal Place of Business:**2650 SW 145TH AVENUE
MIRAMAR, FL 33027**Current Mailing Address:**1267 PROFESSIONAL PWKY
GAINESVILLE, GA 30507 US**FEI Number:** 90-0204713**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAMBO, BARBARA
2650 SW 145TH AVENUE
MIRAMAR, FL 33027 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:** BARBARA RAMBO

01/24/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	PRES
Name	BURGESS, ROGER D
Address	200 DORADO BEACH DRIVE #3712
City-State-Zip:	DORADO PR 00646

Title	CFO
Name	RAMBO, BARBARA
Address	1267 PROFESSIONAL PARKWAY
City-State-Zip:	GAINESVILLE GA 30507

Title	SEC
Name	BURGESS, BARBARA D
Address	200 DORADO BEACH DRIVE #3712
City-State-Zip:	DORADO PR 00646

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: BARBARA RAMBO

CFO

01/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date