			Certificate of Status Desired. NO	
Name and Address of Current Registered Agent:				
RAMBO, BARBA 3891 COMMERC MIRAMAR, FL 3	CE PARKWAY			
The above named	entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Flori	da.
SIGNATURE:	BARBARA RAMBO			02/27/2014
	Electronic Signature of Registered Agent			Date
Authorized P	Person(s) Detail :			
Title	PRES	Title	CFO	
Name	BURGESS, ROGER D	Name	RAMBO, BARBARA	
Address	3891 COMMERCE PARKWAY	Address	1267 PROFESSIONAL PARKWA	Y
City-State-Zip:	MIRAMAR FL 33025	City-State-Zip:	GAINESVILLE GA 30507	
Title	SEC			
Name	BURGESS, BARBARA			
Address	3891 COMMERCE PKWY			
City-State-Zip:	MIRAMAR FL 33025			

# 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094010

Entity Name: PROCARE PHARMACY CARE, LLC

### **Current Principal Place of Business:**

3891 COMMERCE PARKWAY MIRAMAR, FL 33025

#### **Current Mailing Address:**

3891 COMMERCE PARKWAY MIRAMAR, FL 33025

## FEI Number: 90-0204713

#### Ν

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

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 27, 2014 Secretary of State CC9578106308

Certificate of Status Desired: No