			Certificate of Status Desire	
Name and A	ddress of Current Registered Agent:			
RAMBO, BARB. 3891 COMMER MIRAMAR, FL	CE PARKWAY			
The above named	l entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Florid	a.
SIGNATURE	: BARBARA RAMBO		(02/02/2018
	Electronic Signature of Registered Agent			Date
Authorized	Person(s) Detail :			
Title	PRES	Title	CFO	
Name	BURGESS, ROGER D	Name	RAMBO, BARBARA	
Address	3891 COMMERCE PARKWAY	Address	1267 PROFESSIONAL PARKWAY	,
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			

3891 COMMERCE PARKWAY

N

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

2018 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:

MIRAMAR, FL 33025

FEI Number: 90-0204713

Certificate of Status Desired: No

FILED Feb 02, 2018 **Secretary of State** CC1860852236