

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092307

Entity Name: COMMCARE PHARMACY - MIA, LLC**Current Principal Place of Business:**1801 CORAL WAY
SUITE 115
MIAMI, FL 33145**Current Mailing Address:**13034 BALLANTYNE CORPORATE PLACE
CHARLOTTE, NC 28277 US**FEI Number:** 20-3531603**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 VP
Name CASTILLO, SUSAN
Address 855 SW 78TH AVE,SUITE C100
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR, MANAGER
Name GILBERT, DURRAL
Address 13036 BALLANTYNE CORPORATE PLACE
City-State-Zip: CHARLOTTE NC 28277

Title MANAGER, TREASURER / CFO
Name MCKASSON, CRAIG
Address 13034 BALLANTYNE CORPORATE PLACE
City-State-Zip: CHARLOTTE NC 28277

Title COO, VP
Name RAFFALO, ROBERT
Address 856 SW 78TH AVE,SUITE C100
City-State-Zip: PLANTATION FL 33324

Title SECRETARY
Name FORREST, ANNA- MARIE
Address 13034 BALLANTYNE CORPORATE PLACE
City-State-Zip: CHARLOTTE NC 28277

Title PRESIDENT / CEO
Name ISAAK, GREG
Address 856 SW 78TH AVE,SUITE C100
City-State-Zip: PLANTATION FL 33324

Title MANAGER
Name PRICE, KELLI
Address 13034 BALLANTYNE CORPORATE PL.
City-State-Zip: CHARLOTTE NC 28277

Title ASST TREASURER
Name ROSE, DOROTHY GENTRY
Address 13034 BALLANTYNE CORPORATE PL
City-State-Zip: CHARLOTTE NC 28277

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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: ANNA- MARIE FORREST**SECRETARY****04/06/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	ASST TREASURER
Name	STEIN, LISA
Address	13034 BALLANTYNE CORPORATE PL.
City-State-Zip:	CHARLOTTE NC 28277