

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121860

Entity Name: NAVARRO DISCOUNT PHARMACIES, LLC.**Current Principal Place of Business:**C/O MBF HEALTHCARE PARTNERS L.P.
121 ALHAMBRA PLAZA SUITE 1100
CORAL GABLES, FL 33134**Current Mailing Address:**C/O MBF HEALTHCARE PARTNERS L.P.
121 ALHAMBRA PLAZA SUITE 1100
CORAL GABLES, FL 33134 US**FEI Number:** 76-0846596**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MBF HEALTHCARE PARTNERS L.P.
121 ALHAMBRA PLAZA
SUITE 1100
CORAL GABLES, FL 33134 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:** JORGE RICO

04/05/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name RICO, JORGE
Address C/O MBF HEALTHCARE PARTNERS
L.P.
121 ALHAMBRA PLAZA SUITE 1100
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name CABRERA, MARCIO
Address C/O MBF HEALTHCARE PARTNERS
L.P.
121 ALHAMBRA PLAZA SUITE 1100
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name NAVARRO, MARCEL L
Address C/O MBF HEALTHCARE PARTNERS
L.P.
121 ALHAMBRA PLAZA SUITE 1100
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name NAVARRO, GABRIEL L
Address C/O MBF HEALTHCARE PARTNERS
L.P.
121 ALHAMBRA PLAZA SUITE 1100
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name FERNANDEZ, MIGUEL B.
Address C/O MBF HEALTHCARE PARTNERS
L.P.
121 ALHAMBRA PLAZA SUITE 1100
City-State-Zip: CORAL GABLES FL 33134

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: RICO , JORGE

MGR

04/05/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date