

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000002434

**Entity Name:** NAVARRO DISCOUNT PHARMACIES NO. 3, LLC

**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC2765009574**

**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:** 59-0938188

**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

04/29/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name NAVARRO DISCOUNT PHARMACIES,  
LLC  
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:** NAVARRO DISCOUNT PHARMACIES

NAVARRO DISCOUNT  
PHARMACIES

04/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date