

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102060

Entity Name: DRUG BOX, LLC

Current Principal Place of Business:

3334 CAPITAL MEDICAL BLVD.
SUITE 400
TALLAHASSEE, FL 32308

Current Mailing Address:

3334 CAPITAL MEDICAL BLVD.
SUITE 400
TALLAHASSEE, FL 32308

FEI Number: 26-1210858

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TARDI, KELBY HCPA
3334 CAPITAL MEDICAL BLVD
SUITE 400
TALLAHASSEE, FL 32308 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 MR
Name SHIPMAN, ROBERT M
Address 3334 CAPITAL MEDICAL BLVD STE 400
City-State-Zip: TALLAHASSEE FL 32308

Title MANAGER
Name STOWERS, KRIS
Address 3334 CAPITAL MEDICAL BLVD. SUITE 400
City-State-Zip: TALLAHASSEE FL 32308

Title MANAGER
Name JORDAN, STEVE
Address 3334 CAPITAL MEDICAL BLVD. SUITE 400
City-State-Zip: TALLAHASSEE FL 32308

Title MANAGER
Name JAGGEARS, FLOYD
Address 3334 CAPITAL MEDICAL BLVD. SUITE 400
City-State-Zip: TALLAHASSEE FL 32308

Title MANAGER
Name PARK, THOMAS
Address 3334 CAPITAL MEDICAL BLVD. SUITE 400
City-State-Zip: TALLAHASSEE FL 32308

Title MANAGER
Name ROLLE, GARRISON
Address 3334 CAPITAL MEDICAL BLVD. SUITE 400
City-State-Zip: TALLAHASSEE FL 32308

Title MANAGER
Name DEWEY, DONALD
Address 2345 W BAYSHORE ROAD
City-State-Zip: GULF BREEZE FL 32563

Title MANAGER
Name HAMMER LLC SERIES 1, THORS
Address 4492 RHODEN COVE LN.
City-State-Zip: TALLAHASSEE FL 32312

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: KRIS STOWERS

MANAGER

01/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date