

**2017 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  
2110 CENTERVILLE ROAD  
SUITE A  
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 2792 MILLSTONE PLANTATION RD  
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 1139 KELTON BLVD  
City-State-Zip: GULF BREEZE FL 32563

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

01/11/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date