

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000003029

**FILED**  
**Jan 17, 2013**  
**Secretary of State**  
**CC6511740098**

**Entity Name:** SPECIALTY PHARMACEUTICALS MIAMI, LLC

**Current Principal Place of Business:**

2332 GALIANO STREET  
SUITE 233  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2332 GALIANO STREET  
SUITE 233  
CORAL GABLES, FL 33134

**FEI Number:** 37-1619484

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TREVOR B. CHADDERTON, CPA  
999 PONCE DE LEON BLVD., SUITE 1045  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SAMUEL PEREIRA, ANTONIO  
Address 2332 GALIANO STREET, SUITE 233  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name PEREIRA, ANDRE LUIS  
Address 2332 GALIANO STREET, SUITE 233  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name PEREIRA, DANIELA B  
Address 2332 GALIANO STREET, SUITE 233  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name PEREIRA, ANTONIO S  
Address 2332 GALIANO STREET, SUITE 233  
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PEREIRA, ANDRE LUIS

**MANAGER**

**01/17/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date