

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000076121

**Entity Name:** PHARM-EZ MEDICAL LLC**Current Principal Place of Business:**803 SOUTH ORLANDO AVENUE  
SUITE D  
WINTER PARK, FL 32789**Current Mailing Address:**803 SOUTH ORLANDO AVENUE  
SUITE D  
WINTER PARK, FL 32789 US**FEI Number:** 45-2655772**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TOMLINSON, CHAD J  
803 SOUTH ORLANDO AVENUE  
SUITE D  
WINTER PARK, FL 32789 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:** CHAD TOMLINSON

03/08/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**Title MGR  
Name FINKELSTEIN, GREGORY  
Address 3740 ETHAN LANE  
City-State-Zip: ORLANDO FL 32814Title MGR  
Name LEHR, JOHN T  
Address 1911 MILLS AVENUE  
City-State-Zip: ORLANDO FL 32803Title MGR  
Name BENEKE, JOHN  
Address 1911 MILLS AVENUE  
City-State-Zip: ORLANDO FL 32803Title COO  
Name TOMLINSON, CHAD  
Address 300 NORTH NEW YORK AVENUE  
SUITE 1356  
City-State-Zip: WINTER PARK FL 32789Title MGR  
Name SALTSMAN, ROBERT  
Address 222 SOUTH PENNSYLVANIA AVENUE  
SUITE 200  
City-State-Zip: WINTER PARK FL 32789

*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:** CHAD TOMLINSON

COO

03/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date