

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000089721

Entity Name: SPECIALTY PHARMACY CONSULTANTS LLC

Current Principal Place of Business:

10605 CAYMAN ISLE CT.
TAMPA, FL 33647

Current Mailing Address:

5144 EAST BUSCH BLVD
TAMPA, FL 33617

FEI Number: 80-0747158

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BABENKO, EUGENE
10605 CAYMAN ISLE CT.
TAMPA, FL 33647 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 MGRM
Name BABENKO, EUGENE
Address 10605 CAYMAN ISLE CT.
City-State-Zip: TAMPA FL 33647

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: EUGENE BABENKO

PRESIDENT

04/15/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date