

**2016 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: No**

**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**

**04/04/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date