

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L11000142986

Entity Name: REMED PHARMACY, LLC

Current Principal Place of Business:

10163 S US HIGHWAY 1
PORT ST LUCIE, FL 34952-5610

Current Mailing Address:

REMED PHARMACY, LLC
1500 NW 3RD STREET STE 101
DEERFIELD BEACH, FL 33442 US

FEI Number: 45-4308703

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CASSIDY, BERNARD M
200 SOUTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33301 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 RUBIO, ANNA KARINA
Address 3265 TRAFAGLER CIRCLE
City-State-Zip: BOCA RATON FL 33434

Title AMBR
Name OLIVERA, TIFFANI
Address 1500 NW 3RD STREET
#101
City-State-Zip: DEERFIELD BEACH FL 33442

Title AMBR
Name WEISENTHAL, WILLIAM
Address 1500 NW 3RD STREET
#101
City-State-Zip: DEERFIELD BEACH FL 33442

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: ANNA KARINA RUBIO

MANAGING MEMBER

04/08/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date