

**2020 FLORIDA LIMITED LIABILITY COMPANY 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	ANTONIO, MARIANNE
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****01/28/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date