

2013 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:

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

FEI Number: 45-4308703

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOSEPH, ROBERT L
10163 S US HIGHWAY 1
PORT ST LUCIE, FL 34952-5610 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 JOSEPH, ROBERT L
Address 10163 S US HIGHWAY 1
City-State-Zip: PORT ST LUCIE FL 34952-5610

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT L JOSEPH

CEO

04/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date