

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000010683

Entity Name: SPECIALTY PHARMA EDUCATION CENTER, LLC

Current Principal Place of Business:

8615 VIVIAN BASS WAY
ODESSA, FL 33556

Current Mailing Address:

8615 VIVIAN BASS WAY
ODESSA, FL 33556

FEI Number: 45-3667760

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HIGBEE, R. ALAN ESQ.
4301 BOY SCOUT BOULEVARD
SUITE 300
TAMPA, FL 33607 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 CIANCARELLI, ERICKA N
Address 8615 VIVIAN BASS WAY
City-State-Zip: ODESSA FL 33556

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: CIANCARELLI , ERICKA N

DIRECTOR

02/17/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date