

**2018 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:** ERICKA CIANCARELLI

MGR

02/01/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date