

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000082471

**Entity Name:** RX CARE FOUR LLC

**Current Principal Place of Business:**

1270 MALABAR RD SE  
STE 2  
PALM BAY , FL 32907

**Current Mailing Address:**

5908 BRECKENRIDGE PKWY  
TAMPA, FL 33610 US

**FEI Number:** 45-5548721

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PATEL, ALPESH  
5908 BRECKENRIDGE PKWY  
TAMPA, FL 33610 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 AUTHORIZED MEMBER  
Name BENZER PHARMACY HOLDING LLC  
Address 5908 BRECKENRIDGE PKWY  
City-State-Zip: TAMPA FL 33610

Title MANAGER  
Name PATEL, ALPESH  
Address 5908 BRECKENRIDGE PKWY  
City-State-Zip: TAMPA FL 33610

Title MANAGER  
Name PATEL, MANISH  
Address 5908 BRECKENRIDGE PKWY  
City-State-Zip: TAMPA FL 33610

*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:** ALPESH PATEL

**OWNER**

**04/27/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date