

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000097258

Entity Name: SPECIALTY MEDS ACCESS SOLUTIONS, LLC

Current Principal Place of Business:

1156 SW 149 LN
SUNRISE, FL 33326

Current Mailing Address:

PO BOX 266872
WESTON, FL 33326

FEI Number: 46-1365103

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOPEZ, LEONARD
1156 SW 149 PL
SUNRISE, FL 33326 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	Title	MGR
Name	LOPEZ, LEONARD	Name	DELGADO, GLORIA E
Address	1156 SW 149 LN	Address	9225 SW 97 TER
City-State-Zip:	SUNRISE FL 33326	City-State-Zip:	MIAMI FL 33176-2052

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: LEONARD LOPEZ

MGR

04/29/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date