

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000158557

**Entity Name:** AMERICAN PHARMACOTHERAPY, LLC

**Current Principal Place of Business:**

11696 SAVONA WAY  
ORLANDO, FL 32827

**Current Mailing Address:**

10524 MOSS PARK ROAD  
SUITE # 204-640  
ORLANDO, FL 32832 US

**FEI Number:** 46-1604748

**Certificate of Status Desired:** No

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

PTACHCINSKI, RICHARD  
11696 SAVONA WAY  
ORLANDO, FL 32827 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 MGRM  
Name PTACHCINSKI, RICHARD  
Address 10524 MOSS PARK ROAD  
SUITE # 204-640  
City-State-Zip: ORLANDO FL 32832

Title MGRM  
Name UPVALL, MICHELE  
Address 10524 MOSS PARK ROAD  
SUITE # 204-640  
City-State-Zip: ORLANDO FL 32832

*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:** RICHARD PTACHCINSKI

**CHIEF EXECUTIVE  
OFFICER**

**02/04/2016**

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

\_\_\_\_\_  
Date