

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000026640

**Entity Name:** PHARMA MANAGEMENT COMPANY, LLC

**Current Principal Place of Business:**

3240 COUNTY ROAD 1  
DUNEDIN , FL 34698

**Current Mailing Address:**

3240 COUNTY ROAD 1  
DUNEDIN, FL 34698 US

**FEI Number: 46-2145340**

**Certificate of Status Desired: No**

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

MAZARIEGOS, CARLOS J  
3240 COUNTY ROAD 1  
DUNEDIN, FL 34698 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            MAZARIEGOS, CARLOS J  
Address        3240 COUNTY ROAD 1  
City-State-Zip: DUNEDIN FL 34698

*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: CARLOS MAZARIEGOS**

**MANAGER**

**03/26/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date