

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000030548

Entity Name: SPECIALTY PHARMACY ASSOCIATES, LLC

Current Principal Place of Business:

10008 PINES BLVD.
PEMBROKE PINES, FL 33024

Current Mailing Address:

10008 PINES BLVD.
PEMBROKE PINES, FL 33024 US

FEI Number: 46-5172531

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPERDUTO, GUY D
8963 STIRLING ROAD, #101
SUITE 314
COOPER CITY, FL 33328 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: GUY D SPERDUTO

04/29/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED REPRESENTATIVE
Name WOLFSON, ANDREA L. ESQ.
Address 4491 SOUTH STATE ROAD7
314
City-State-Zip: DAVIE FL 33314

Title MGR
Name SCSC ENTERPRISES, LLC
Address 10008 PINES BLVD.
City-State-Zip: PEMBROKE PINES FL 33024

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: WOLSON, ANDREA

MGR

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date