

2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L14000030548

Entity Name: SPECIALTY PHARMACY ASSOCIATES, LLC

Current Principal Place of Business:

10008 PINES BOULEVARD
PEMBROKE PINES, FL 33024

Current Mailing Address:

10008 PINES BOULEVARD
PEMBROKE PINES, FL 33024

FEI Number: 46-5172531

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOLFSON, ANDREA L
4491 SOUTH STATE ROAD 7
SUITE 314
DAVIE, FL 33314 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: WOLFSON, ANDREA L

03/18/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name CAIRNS, ELAINE
Address 10008 PINES BOULEVARD
City-State-Zip: PEMBROKE PINES AL 33024

Title MGR
Name MAZA, SCOTT
Address 10008 PINES BOULEVARD
City-State-Zip: PEMBROKE PINES FL 33024

Title MGR
Name KARIM, REZAUL
Address 10008 PINES BOULEVARD
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: CAIRNS, ELAINE

MGR

03/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date