

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L14000030548

**FILED  
Jan 15, 2018  
Secretary of State  
CR3196337269**

**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:**

SPERDUTO, GUY D  
8963 STIRLING ROAD  
101  
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

01/15/2018

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 SCSC ENTERPRISES, LLC  
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: GUY D. SPERDUTO

REGISTERED AGENT

01/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date