

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000044368

**Entity Name:** SPECIALTY PHARMACOLOGIST SERVICES, LLC

**Current Principal Place of Business:**

87 DOUGLAS AVENUE  
SAINT AUGUSTINE, FL 32084

**Current Mailing Address:**

87 DOUGLAS AVENUE  
SAINT AUGUSTINE, FL 32084 US

**FEI Number:** 46-5138655

**Certificate of Status Desired:** No

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

BISH, BARBARA M  
87 DOUGLAS AVENUE  
SAINT AUGUSTINE, FL 32084 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            AMBR  
Name            BISH, BARBARA M  
Address        87 DOUGLAS AVENUE  
City-State-Zip: SAINT AUGUSTINE FL 32084

*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:** BARBARA BISH

PHARMD CRPH

04/30/2016

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

\_\_\_\_\_ Date