

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000044368

Entity Name: SPECIALTY PHARMACOLOGIST SERVICES, LLC

Current Principal Place of Business:

3697 42ND WAY SOUTH
UNIT 60E
SAINT PETERSBURG, FL 33711

Current Mailing Address:

3697 42ND WAY SOUTH
UNIT 60E
SAINT PETERSBURG, FL 33711 US

FEI Number: 46-5138655

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BISH, BARBARA M
3697 42ND WAY SOUTH
UNIT 60E
SAINT PETERSBURG, FL 33711 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 3697 42ND WAY SOUTH
 UNIT 60E
City-State-Zip: SAINT PETERSBURG FL 33711

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

03/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date