

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000138936

**Entity Name:** PRESCRIPTION CARE PHARMACY, LLC

**Current Principal Place of Business:**

5820 STIRLING ROAD  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

5820 STIRLING ROAD  
HOLLYWOOD, FL 33021

**FEI Number: 65-0427534**

**Certificate of Status Desired: Yes**

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

MARCOLINO, FERNANDO  
5820 STIRLING ROAD  
HOLLYWOOD, FL 33021 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, MANAGER  
Name            MARCOLINO, FRANK A  
Address        5820 STIRLING ROAD  
City-State-Zip: HOLLYWOOD FL 33021

Title            MGR, AUTHORIZED MEMBER  
Name            MARCOLINO, FERNANDO  
Address        5820 STIRLING ROAD  
City-State-Zip: HOLLYWOOD FL 33021

*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: FRANK MARCOLINO**

**MANAGER**

**03/12/2015**

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

\_\_\_\_\_  
Date