

2017 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: No

Name and Address of Current Registered Agent:

MARCOLINO, FRANK
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: FRANK MARCOLINO

01/27/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

Title MANAGER
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 A. MARCOLINO

MANAGER

01/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date