

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000175729

**Entity Name:** CCM PHARMACY LLC

**Current Principal Place of Business:**

6821 W HILLSBOROUGH AVENUE  
SUITE 6  
TAMPA, FL 33634

**Current Mailing Address:**

6821 W HILLSBOROUGH AVENUE  
SUITE 6  
TAMPA, FL 33634 US

**FEI Number:** 47-2378327

**Certificate of Status Desired:** No

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

PUPO, YAMILE  
6821 W HILLSBOROUGH AVENUE  
SUITE 6  
TAMPA, FL 33634 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:** YAMILE PUPO

03/27/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name PUPO, YAMILE  
Address 6821 W HILLSBOROUGH AVENUE  
SUITE 6  
City-State-Zip: TAMPA FL 33634

*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:** YAMILE PUPO

AMBR

03/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date