

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000016635

**Entity Name:** SPECIALTY PHARMACEUTICAL ASSOCIATES OF FLORIDA BX, LLC

**FILED**  
**Mar 12, 2019**  
**Secretary of State**  
**9559496581CC**

**Current Principal Place of Business:**

6338 LANTANA ROAD, SUITE 52-53  
LAKE WORTH, FL 33463

**Current Mailing Address:**

6338 LANTANA ROAD, SUITE 52-53  
LAKE WORTH, FL 33463

**FEI Number: 47-3030410**

**Certificate of Status Desired: No**

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

SPERDUTO, GUY D  
8963 STIRLING ROAD STE 101  
COOPER CITY, FL 33328 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            AUTHORIZED REPRESENTATIVE  
Name            SPERDUTO, GUY D  
Address        6338 LANTANA ROAD  
                  SUITE 52-53  
City-State-Zip: LAKE WORTH FL 33463

*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: GUY SPERDUTO

03/12/2019

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

\_\_\_\_\_ Date