

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000125307

Entity Name: CAREONE PHARMACY SERVICES, LLC

Current Principal Place of Business:

10850 S.W. 113TH PLACE
MIAMI, FL 33176

Current Mailing Address:

10850 S.W. 113TH PLACE
MIAMI, FL 33176 US

FEI Number: 47-4645445

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROIZ, OSCAR
10850 S.W. 113TH PLACE
MIAMI, FL 33176 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 | MGR | Title | MANAGER |
| Name | SHAHAM, JACOB | Name | SHAHAM, HELEN O |
| Address | 10850 S.W. 113TH PLACE | Address | 10850 S.W. 113TH PLACE |
| City-State-Zip: | MIAMI FL 33176 | City-State-Zip: | MIAMI FL 33176 |

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: JACOB SHAHAM

MANAGER

04/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date