

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000185010

**Entity Name:** PRIME RX CONSULT LLC

**Current Principal Place of Business:**

5470 E BUSCH BLVD  
SUITE 103  
TAMPA, FL 33617

**FILED**  
**Mar 10, 2016**  
**Secretary of State**  
**CC4553892149**

**Current Mailing Address:**

5470 E BUSCH BLVD  
SUITE 103  
TAMPA, FL 33617 US

**FEI Number:** 47-5504603

**Certificate of Status Desired:** No

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

FACKIH, MAJED  
5470 E BUSCH BLVD  
SUITE 103  
TAMPA, FL 33617 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            CEO  
Name            NGUYEN, DOMINIQUE  
Address        5470 E BUSCH BLVD, SUITE 103  
City-State-Zip: TAMPA FL 33617

Title            MGR  
Name            FACKIH, MAJED  
Address        5470 E BUSCH BLVD, SUITE 103  
City-State-Zip: TAMPA FL 33617

*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:** MAJED FACKIH

**MGR**

**03/10/2016**

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

\_\_\_\_\_  
Date