

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000207064

**FILED**  
**Feb 16, 2020**  
**Secretary of State**  
**6327407533CC**

**Entity Name:** USRX PHARMACY LLC

**Current Principal Place of Business:**

11121 HEALTH PARK BOULEVARD, SUITE 700  
NAPLES, FL 34110

**Current Mailing Address:**

11121 HEALTH PARK BOULEVARD, SUITE 700  
NAPLES, FL 34110 US

**FEI Number:** 37-1803473

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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	MGR
Name	FRANKEL, MICHAEL	Name	FRANKEL, SOFIA
Address	11121 HEALTH PARK BOULEVARD, SUITE 700	Address	11121 HEALTH PARK BOULEVARD, SUITE 700
City-State-Zip:	NAPLES FL 34110	City-State-Zip:	NAPLES FL 34110

*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:** FRANKEL , SOFIA

**VERONICA VALEGA,**  
**ATTORNEY-IN-FACT**

**02/16/2020**

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

\_\_\_\_\_  
Date