

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000145145

**Entity Name:** COMPREHENSIVE PHARMACEUTICAL DISBURSEMENT, LLC

**Current Principal Place of Business:**

110 S.COURTENAY PKWY  
SUITE 1  
MERRITT ISLAND, FL 32952

**Current Mailing Address:**

110 S.COURTENAY PKWY  
SUITE 1  
MERRITT ISLAND, FL 32952 US

**FEI Number:** 81-3502757

**Certificate of Status Desired:** No

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

CLARK, ROSS  
110 S. COURTENAY PKWY  
SUITE 1  
MERRITT ISLAND, FL 32952 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  
Name CLARK, ROSS  
Address 110 S. COURTENAY PKWY  
City-State-Zip: MERRITT ISLAND FL 32952

*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:** ROSS CLARK

MGR

02/14/2017

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

\_\_\_\_\_  
Date