

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000185547

Entity Name: SUPERIOR CARE PHARMACY, LLC

Current Principal Place of Business:

765 CORTARO DR
SUN CITY CENTER, FL 33573

Current Mailing Address:

5420 TWIN CREEKS DR
VALRICO, FL 33596 US

FEI Number: 81-4511980

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATEL, NIRMAL
24132 DENALI CT
LUTZ, FL 33559 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: NIRMAL PATEL

04/01/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name NGUYEN, SON
Address 5420 TWIN CREEKS DR
City-State-Zip: VALRICO FL 33596

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: SON NGUYEN

PRESIDENT

04/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date