

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000208882

**Entity Name:** GPSPHARMACY-TAMPA, LLC**Current Principal Place of Business:**2846 BROADWAY CENTER BLVD  
BRANDON, FL 33510**Current Mailing Address:**2846 BROADWAY CENTER BLVD  
BRANDON, FL 33510 US**FEI Number: 81-4464459****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUBAL , HEMAL  
2846 BROADWAY CENTER BLVD  
BRANDON, FL 33510 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:** HEMAL DUBAL

01/15/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                           |
|-----------------|---------------------------|
| Title           | MGR                       |
| Name            | DUBAL, HEMAL              |
| Address         | 2846 BROADWAY CENTER BLVD |
| City-State-Zip: | BRANDON FL 33510          |

|                 |                           |
|-----------------|---------------------------|
| Title           | MGR                       |
| Name            | PATIDAR, ADITI            |
| Address         | 2846 BROADWAY CENTER BLVD |
| City-State-Zip: | BRANDON FL 33510          |

|                 |                           |
|-----------------|---------------------------|
| Title           | MANAGER                   |
| Name            | PATIDAR, KIRIT            |
| Address         | 2846 BROADWAY CENTER BLVD |
| City-State-Zip: | BRANDON FL 33510          |

*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:** HEMAL DUBAL**MEMBER**

01/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date