

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000134172

Entity Name: PHARMACY SPECIALISTS OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

9777 PYRAMID CT
SUITE 230
ENGLEWOOD, CO 80112

Current Mailing Address:

9777 PYRAMID CT
SUITE 230
ENGLEWOOD, CO 80112 US

FEI Number: 59-3497762

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 MANAGER
Name REVELATION PHARMA, LLC
Address 9777 PYRAMID CT
 SUITE 230
City-State-Zip: ENGLEWOOD CO 80112

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: WILLIAM SKINNER

**CHIEF FINANCIAL
OFFICER**

02/05/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date