

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000004037

**Entity Name:** PRESCRIPTION CARE MANAGEMENT, LLC

**Current Principal Place of Business:**

190 HARBOR DR.  
KEY LARGO, FL 33037

**Current Mailing Address:**

P O BOX 34446  
RENO, NV 89533

**FEI Number: 27-3463867**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	D'ANTONI, GARRET	Name	WENER, KENNETH
Address	PO BOX 34446	Address	PO BOX 34446
City-State-Zip:	RENO NV 89533	City-State-Zip:	RENO NV 89533

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: D'ANTONI, GARRET**

**MANAGER**

**05/21/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date