

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000001537

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

**Current Principal Place of Business:**

4790 CAUGHLIN PKWY. #396  
RENO, NV 89519

**Current Mailing Address:**

PO BOX 34446  
RENO, NV 89533 US

**FEI Number: 27-3463867**

**Certificate of Status Desired: Yes**

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

RICHARD E. COATES/COATES LAW FIRM, PL  
115 EAST PARK AVENUE  
NUMBER 1  
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 MGR  
Name D'ANTONI, GARRET  
Address P.O. BOX 34446  
City-State-Zip: RENO NV 89533-4446

Title AP  
Name MCCLARY, PAM  
Address P.O. BOX 34446  
City-State-Zip: RENO NV 89533-4446

Title MGR  
Name WENER, KENNETH  
Address P.O. BOX 34446  
City-State-Zip: RENO NV 89533-4446

*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: PAM MCCLARY**

**AP**

**02/01/2023**

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

\_\_\_\_\_  
Date