

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000000902

**Entity Name:** QUESTCARE PHARMACY, LLC

**FILED**  
**Feb 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4598 N. HIATUS ROAD  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

4598 N. HIATUS ROAD  
SUNRISE, FL 33351

**New Mailing Address:**

**FEI Number:** 65-1070480

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MIELES-MADRIGAL, SASQUIA  
5780 S. PLUM BAY PKWY  
TAMARAC, FL 33321 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** P  
**Name:** MADRIGAL, CARLOS  
**Address:** 5780 S. PLUM BAY PKWY  
**City-St-Zip:** TAMARAC, FL 33321

**Title:** V  
**Name:** MIELES-MADRIGAL, SASQUIA  
**Address:** 5780 S. PLUM BAY PKWY  
**City-St-Zip:** TAMARAC, FL 33321

I hereby certify that the information indicated on this 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.

**SIGNATURE:** SASQUIA MIELES-MADRIGAL

VP

02/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date