

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000112766

1. Entity Name
MED-CARE RX PHARMACY, LLC



Principal Place of Business
933 CLINT MOORE RD
BOCA RATON, FL 33487

Mailing Address
933 CLINT MOORE RD
BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE



07092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-3764096

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVERMAN, STEVEN
3234 HARRINGTON DRIVE
BOCA RATON, FL 33496

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U000000956003
07/22/08-80014-013 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SILVERMAN, STEVEN
3234 HARRINGTON DRIVE
BOCA RATON, FL 33496

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SILVERMAN, LORI
3234 HARRINGTON DRIVE
BOCA RATON, FL 33496

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #