

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000038809

**FILED  
May 01, 2017  
Secretary of State  
CC5405801977**

**Entity Name:** DAP PHARMACY MANAGEMENT & CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

1961 ARVIS CIRCLE E  
CLEARWATER, FL 33764

**Current Mailing Address:**

1961 ARVIS CIRCLE E  
CLEARWATER, FL 33764 US

**FEI Number: 90-0245307**

**Certificate of Status Desired: No**

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

PEDALINO, DEAN  
1961 ARVIS CIRCLE E  
CLEARWATER, FL 33764 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	PRES	Title	MANAGING PARTNER
Name	PEDALINO, DEAN	Name	DAY, PETER
Address	1961 ARVIS CIRCLE E	Address	6447 NW. 55TH ST.
City-State-Zip:	CLEARWATER FL 33764	City-State-Zip:	CORAL SPRINGS FL 33067

*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: DEAN PEDALINO

PRESIDENT

05/01/2017

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

\_\_\_\_\_  
Date