

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000038809

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

**FILED**  
**May 01, 2013**  
**Secretary of State**  
**CC3704964323**

**Current Principal Place of Business:**

1961 ARVIS CIRCLE E  
CLEARWATER, FL 33764

**Current Mailing Address:**

1961 ARVIS CIRCLE E  
CLEARWATER, FL 33764

**FEI Number: 20-1175681**

**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  
Name            PEDALINO, DEAN  
Address        1961 ARVIS CIRCLE E  
City-State-Zip: CLEARWATER FL 33764

*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: DEAN PEDALINO

PRESIDENT

05/01/2013

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

\_\_\_\_\_  
Date