

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000037300

**Entity Name:** PARTNER CARE PHARMACY SERVICES, LLC

**Current Principal Place of Business:**

6555 NOVA DRIVE  
304  
DAVIE, FL 33317

**Current Mailing Address:**

6555 NOVA DRIVE  
304  
DAVIE, FL 33317 US

**FEI Number:** 45-2523021

**Certificate of Status Desired:** No

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

RINGEL, MOSHE DR.  
6555 NOVA DRIVE  
STE 304  
DAVIE , FL 33317 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:** MOSHE RINGEL

05/31/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            RINGEL, MOSHE  
Address        6555 NOVA DRIVE  
                  304  
City-State-Zip: DAVIE FL 33317

Title            MANAGER  
Name            MOSHE , RINGEL  
Address        6555 NOVA DRIVE  
                  304  
City-State-Zip: DAVIE FL 33317

*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:** MOSHE RINGEL

MGR

05/31/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date