

2015 FLORIDA LIMITED LIABILITY COMPANY 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

FEI Number: 45-2523021

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RICE-SCHILD, KELLEY
905 UNIVERSITY DRIVE
CORAL GABLES, FL 33134 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 MGRM
Name SCHILD, JOHN A
Address 905 UNIVERSITY DRIVE
City-State-Zip: CORAL GABLES FL 33134

Title MGRM
Name SCHILD, KELLEY C
Address 905 UNIVERISTY DRIVE
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name MORALES, BLANCA V
Address 4177 STAGHORN LANE
City-State-Zip: WESTON FL 33331

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: KELLEY C. RICE SCHILD

MANAGER

04/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date