

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000108675

**Entity Name:** TAMPA LONG TERM CARE PHARMACY, LLC

**Current Principal Place of Business:**

1015 STATE ROAD 436 SUITE 237  
CASSELBERRY, FL 32707

**Current Mailing Address:**

1015 STATE ROAD 436 SUITE 237  
CASSELBERRY, FL 32707 US

**FEI Number:** 45-3356700

**Certificate of Status Desired:** No

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

MUSCA, DANIEL GESQ.  
13139 W. LINEBAUGH AVE.  
SUITE 101  
TAMPA, FL 33626 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 TRANSITIONS PHARMACY, LLC  
Address 1015 STATE ROAD 436 SUITE 237  
City-State-Zip: CASSELBERRY FL 32707

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:** TRANSITIONS PHARMACY, LLC

MGRM

04/29/2013

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

\_\_\_\_\_  
Date