

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000013199

**Entity Name:** PHARMCLINIC, LLC

**Current Principal Place of Business:**

1116 N. FERDON BLVD.  
CRESTVIEW, FL 32536

**Current Mailing Address:**

1116 N. FERDON BLVD.  
CRESTVIEW, FL 32536 US

**FEI Number:** 45-4381756

**Certificate of Status Desired:** No

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

DENSMAN, HAL J  
1116 N. FERDON BLVD.  
CRESTVIEW, FL 32536 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	Title	MGRM
Name	DENSMAN, HAL J	Name	HENDERSON, BRYAN D
Address	1116 N. FERDON BLVD.	Address	1116 N. FERDON BLVD.
City-State-Zip:	CRESTVIEW FL 32536	City-State-Zip:	CRESTVIEW FL 32536

*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:** HAL DENSMAN

**MANAGER**

**04/12/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date