

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000082471

**Entity Name:** RX CARE FOUR LLC

**Current Principal Place of Business:**

1270 MALABAR RD SE  
PALM BAY , FL 32907

**Current Mailing Address:**

125 W COUNTRY CLUB DR  
TAMPA, FL 33612 US

**FEI Number:** 45-5548721

**Certificate of Status Desired:** No

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

PATEL, ALPESH  
125 W COUNTRY CLUB DR  
TAMPA, FL 33612 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	MBR	Title	MBR
Name	PATEL, ALPESH	Name	PATEL, MANISH
Address	1270 MALABAR RD SE	Address	1270 MALABAR RD SE
City-State-Zip:	PALM BAY FL 32907	City-State-Zip:	PALM BAY FL 32907

Title MGRM  
Name BENZER PHARMACY HOLDING LLC  
Address 1270 MALABAR RD SE  
City-State-Zip: PALM BAY FL 32907

*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:** ALPESH PATEL

MBR

04/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date