

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000100950

**Entity Name:** CENTRO MEDICO FAMILIAR BUEN PASTOR PHARMACY LLC

**FILED**  
**Jan 10, 2014**  
**Secretary of State**  
**CC5271537005**

**Current Principal Place of Business:**

4440 SHERIDAN ST  
STE C  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

4440 SHERIDAN ST  
STE C  
HOLLYWOOD, FL 33021

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

FLOREZ, GABRIEL  
4440 SHERIDAN ST  
SUITE C  
HOLLYWOOD, FL 33021 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 MGR  
Name FLOREZ, GABRIEL  
Address 4440 SHERIDAN ST SUITE C  
City-State-Zip: HOLLYWOOD FL 33021

*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: GABRIEL G FLOREZ**

**PRES**

**01/10/2014**

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

\_\_\_\_\_  
Date