

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000100950

Entity Name: CENTRO MEDICO FAMILIAR BUEN PASTOR PHARMACY LLC

FILED
Jan 10, 2015
Secretary of State
CC6117796692

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 FLOREZ

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01/10/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date