

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000072271

Entity Name: ASK PHARMACY PROFESSIONALS LLC

Current Principal Place of Business:

4767 CADIZ CIRCLE
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

4767 CADIZ CIRCLE
PALM BEACH GARDENS, FL 33418 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARCHAMBAULT, NADIA D
4767 CADIZ CIRCLE
PALM BEACH GARDENS, FL 33418 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 DR
Name ARCHAMBAULT, NADIA D
Address 4767 CADIZ CIRCLE
City-State-Zip: PALM BEACH GARDENS FL 33418

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: NADIA ARCHAMBAULT

DR

07/14/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date