

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000152677

Entity Name: NATIONWIDE RX ADVOCATES "LLC"**Current Principal Place of Business:**902 CLINT MOORE ROAD,
SUITE 124
BOCA RATON, FL 33487**Current Mailing Address:**7076 DEMEDICI CIRCLE
DELRAY BEACH, FL 33446 US**FEI Number:** 47-2016843**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHATZ, EDWARD S
7076 DEMEDICI CIRCLE
DELRAY BEACH, FL 33446 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 AMBR
Name SHATZ, EDWARD S
Address 7076 DEMEDICI CIRCLE
City-State-Zip: DELRAY BEACH FL 33446

Title MEMBER
Name SHATZ, HAROLD LEON
Address 7076 DEMEDICI CIRCLE
City-State-Zip: DELRAY BEACH FL 33446

Title PRESIDENT
Name SHATZ, SAMUEL GARY
Address 7076 DEMEDICI CIRCLE
City-State-Zip: DELRAY BEACH FL 33446

Title MEMBER
Name ROSENBERG, SCOTT
Address 7076 DEMEDICI CIRCLE
City-State-Zip: DELRAY BEACH FL 33446

Title AUTHORIZED MEMBER
Name JOSEPH FRANCIS 2017
IRREVOCABLE TRUST
Address 902 CLINT MOORE ROAD,
SUITE 124
City-State-Zip: BOCA RATON FL 33487

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: EDWARD SHATZ**REGISTERED AGENT****03/05/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date