

2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L15000049793

Entity Name: FLORIDA 2 PHARMACY HOLDING COMPANY, LLC

Current Principal Place of Business:

4733 W. ATLANTIC AVE., STE. C-5
DELRAY BEACH, FL 33445

Current Mailing Address:

4733 W. ATLANTIC AVE., STE. C-5
DELRAY BEACH, FL 33445

FEI Number: 36-4806659

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC .
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 COO
Name OLIFF, JAMES
Address 6100 LAKE FORREST SD
 SUITE 110
City-State-Zip: ATLANTA GA 30328

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: JAMES OLIFF

COO

05/09/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date