

**2016 FLORIDA LIMITED LIABILITY COMPANY 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            VP  
Name            MEYERS, GAVIN  
Address        4733 W. ATLANTIC AVE., STE. C-5  
City-State-Zip: DELRAY BEACH FL 33445

*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: GAVIN MEYERS**

**VP**

**03/02/2016**

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

\_\_\_\_\_  
Date