

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000183336

**Entity Name:** PHARMAMEDRX LLC

**Current Principal Place of Business:**

1201 U.S HWY 1,  
STE 305C  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

1201 U.S HWY 1,  
STE 305C  
NORTH PALM BEACH, FL 33408 US

**FEI Number:** 47-5455486

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GENTILE, GAIL  
1201 U.S. HWY 1  
SUITE 305C, CRYSTAL TREE PLAZA  
NORTH PALM BEACH, FL 33408 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            CEO  
Name            GENTILE, GAIL  
Address        1201 U.S HWY 1  
                  SUITE 305C, CRYSTAL TREE PLAZA  
City-State-Zip: NORTH PALM BEACH FL 33408

*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:** GAIL GENTILE

CEO

04/11/2018

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

\_\_\_\_\_  
Date