

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000183336

Entity Name: PHARMAMEDRX LLC

Current Principal Place of Business:

1201 U.S HWY 1
SUITE 1, CRYSTAL TREE PLAZA
NORTH PALM BEACH, FL 33408

Current Mailing Address:

4623 SUDLEY RD
CATHARPIN, VA 20143

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GENTILE, GAIL
1201 U.S. HWY 1
SUITE 1, 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 1, 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

04/12/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date