

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000159947

Entity Name: PRESCRIPTION QUALITY INITIATIVES, LLC

Current Principal Place of Business:

3011 NE 40TH STREET
FORT LAUDERDALE, FL 33308

Current Mailing Address:

3011 NE 40TH STREET
FORT LAUDERDALE, FL 33308

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEVENSTEIN, RICHARD H
2300 SE MONTEREY ROAD
100
STUART, FL 34996 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 MGR
Name GELLMAN, TINA L
Address 3011 NE 40TH STREET
City-State-Zip: FORT LAUDERDALE FL 33308

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: TINA GELLMAN

MANAGER,
PRESCRIPTION QUALITY
INITIATIVES

04/21/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date