

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000187080

**Entity Name:** CARE RITE PHARMACY, LLC

**Current Principal Place of Business:**

404 NW HALL OF FAME DR.  
LAKE CITY, FL 32055

**Current Mailing Address:**

404 NW HALL OF FAME DR.  
LAKE CITY, FL 32055 US

**FEI Number: 81-4123425**

**Certificate of Status Desired: No**

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

PATEL, MINESH A  
404 NW HALL OF FAME DR.  
LAKE CITY, FL 32055 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	AMBR	Title	AMBR
Name	PATEL, MINESH A	Name	ALBIBI, MOHAMAD
Address	404 NW HALL OF FAME DR.	Address	404 NW HALL OF FAME DR.
City-State-Zip:	LAKE CITY FL 32055	City-State-Zip:	LAKE CITY FL 32055

*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: MINESH PATEL**

**OWNER**

**03/06/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date