

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000211703

**Entity Name:** OMEGA CARE PHARMACY CONSULTING, LLC

**Current Principal Place of Business:**

14125 PORTRUSH DRIVE  
ORLANDO, FL 32828

**Current Mailing Address:**

14125 PORTRUSH DRIVE  
ORLANDO, FL 32828 US

**FEI Number:** 81-4506134

**Certificate of Status Desired:** Yes

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

ETHRIDGE, WENDY E  
14125 PORTRUSH DRIVE  
ORLANDO, FL 32828 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 AR  
Name ETHRIDGE, WENDY E  
Address 14125 PORTRUSH DRIVE  
City-State-Zip: ORLANDO FL 32828

*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:** WENDY E. ETHRIDGE

01/30/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date