

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000000093

Entity Name: RXCARE HEALTHCARE LLC

Current Principal Place of Business:

211 N. LIBERTY ST.

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JACKSONVILLE, FL 32202

Current Mailing Address:

211 N. LIBERTY ST.

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JACKSONVILLE, FL 32202 US

FEI Number: 82-0755345

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEFANIDES, ARON W

4002 MCGIRTS BLVD

JACKSONVILLE, FL 32210 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 STEFANIDES, ARON W

Address 4002 MCGIRTS BLVD

City-State-Zip: JACKSONVILLE FL 32210

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: ARON STEFANIDES

MEMBER

01/14/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date