

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000290018

**Entity Name:** SPECIAL CARE PHARMACY, LLC DBA SPECIAL CARE, LLC

**Current Principal Place of Business:**

335 BEAR HILL ROAD  
SUITE 1  
WALTHAM, MA 02451

**Current Mailing Address:**

335 BEAR HILL ROAD  
SUITE 1  
WALTHAM, MA 02451 US

**FEI Number:** 81-3507291

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 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 BURKETT, RICHARD J  
Address 335 BEAR HILL ROAD  
SUITE 1  
City-State-Zip: WALTHAM MA 02451

Title CFO  
Name ABRAMO, MICHAEL S  
Address 335 BEAR HILL ROAD  
SUITE 1  
City-State-Zip: WALTHAM MA 02451

Title VP  
Name CHAMBERLAIN, KYRA  
Address 335 BEAR HILL ROAD  
SUITE 1  
City-State-Zip: WALTHAM MA 02451

*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:** MICHAEL S ABRAMO

**MANAGER**

**04/24/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date