

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000204489

Entity Name: HEALTH GATE SPECIALTY PHARMACY, LLC**Current Principal Place of Business:**1427 NW 156TH AVENUE
PEMBROKE PINES, FL 33028**Current Mailing Address:**1427 NW 156TH AVENUE
PEMBROKE PINES, FL 33028 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FIRST NEIGHBORHOOD LAW FIRM, P.L.
1 EAST BROWARD BOULEVARD
SUITE 700
FT. LAUDERDALE, FL, FL 33301 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	ELSHEIKH, TAHIA
Address	15881 SW 10TH STREET
City-State-Zip:	PEMBROKE PINES FL 33027

Title	MBR
Name	MCCRAY, MICHAEL N
Address	1427 NW 156TH AVENUE
City-State-Zip:	PEMBROKE PINES FL 33028

Title	MBR
Name	ALLEGUE, AMELIA
Address	15055 SW 26TH TERRACE
City-State-Zip:	MIAMI FL 33185

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 NEAL MCCRAY**MBR****05/01/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date