

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000748

Entity Name: PRESCRIPTION CENTERS, LLC

Current Principal Place of Business:

2404 ALAQUA DR
LONGWOOD, FL 32779

Current Mailing Address:

2404 ALAQUA DR
LONGWOOD, FL 32779

FEI Number: 82-0589724

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATEL, DILIP M
2404 ALAQUA DR
LONGWOOD, FL 32779 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: DILIP M PATEL

04/12/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name PATEL, DILIPKUMAR M TRUSTEE
REV 030601
Address 2404 ALAQUA DR
City-State-Zip: LONGWOOD FL 32779

Title MGRM
Name AMIN, SMITA TRUSTEE REV 08032000
Address 525 ESTATES PLACE
City-State-Zip: LONGWOOD FL 32779

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: PATEL,DILIPKUMAR M

MGRM

04/12/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date