

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102060

FILED  
Jan 13, 2012  
Secretary of State

**Entity Name:** DRUG BOX, LLC

**Current Principal Place of Business:**

3334 CAPITAL MEDICAL BLVD.  
SUITE 400  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

3334 CAPITAL MEDICAL BLVD.  
SUITE 400  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 26-1210858

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TARDI, KELBY H CPA  
3334 CAPITAL MEDICAL BLVD  
SUITE 400  
TALLAHASSEE, FL 32308 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MR  
Name: SHIPMAN, ROBERT M  
Address: 3334 CAPITAL MEDICAL BLVD STE 400  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MARTIN SHIPMAN

MGR

01/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date