

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000034913

**FILED**  
**Jan 09, 2010**  
**Secretary of State**

**Entity Name:** MEDICAL ARTS PHARMACY OF SARASOTA, LLC

**Current Principal Place of Business:**

6785 ERICA LANE  
SARASOTA, FL 34241

**New Principal Place of Business:**

4517 BEE RIDGE ROAD  
SARASOTA, FL 34233

**Current Mailing Address:**

6785 ERICA LANE  
SARASOTA, FL 34241

**New Mailing Address:**

4517 BEE RIDGE ROAD  
SARASOTA, FL 34233

**FEI Number:** 26-4713456

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHAH, RON  
6785 ERICA LANE  
SARASOTA, FL 34241 US

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

SHAH, RON  
6785 ERICA LANE  
SARASOTA, FL 34233 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

01/09/2010

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SHAH, RON  
Address: 4517 BEE RIDGE ROAD  
City-St-Zip: SARASOTA, FL 34233

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: RONALD R. SHAH

MGR

01/09/2010

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