

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000085415

Entity Name: SIMS PHARMACY, LLC

**FILED  
Jan 10, 2012  
Secretary of State**

**Current Principal Place of Business:**

1177 GULF BREEZE PKWY.  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

1177 GULF BREEZE PKWY.  
GULF BREEZE, FL 32561

**New Mailing Address:**

FEI Number: 27-0837778

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SIMS, SHARON J  
20 MCLANE ROAD  
GULF BREEZE, FL 32561 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: MGRM  
Name: SIMS, SHARON J  
Address: 20 MCLANE ROAD  
City-St-Zip: GULF BREEZE, FL 32561

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: SHARON SIMS

MGRM

01/10/2012

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