

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000033012

Entity Name: LEGACY PHARMACY OC LLC**Current Principal Place of Business:**2413 ENTERPRISE RD
ORANGE CITY, FL 32763**Current Mailing Address:**2283 STONE CROSS CIRCLE
ORLANDO, FL 32828 US**FEI Number:** 46-2172325**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SMART, ASHISHKUMAR K
2283 STONE CROSS CIRCLE
ORLANDO, FL 32828 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 | MGRM |
| Name | SMART, ASHISHKUMAR |
| Address | 2283 STONE CROSS CIRCLE |
| City-State-Zip: | ORLANDO FL 32828 |

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|-----------------|-------------------------|
| Title | MGR |
| Name | SMART, DIPTIBEN |
| Address | 2283 STONE CROSS CIRCLE |
| City-State-Zip: | ORLANDO FL 32828 |

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|-----------------|----------------------|
| Title | MGR |
| Name | RAMESH, NIMMALA |
| Address | 10484 HENBURY STREET |
| City-State-Zip: | ORLANDO FL 32832 |

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|-----------------|----------------------|
| Title | MGR |
| Name | KAVYA, NIMMALA |
| Address | 10484 HENBURY STREET |
| City-State-Zip: | ORLANDO FL 32832 |

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: ASHISHKUMAR SMART**MANAGING MEMBER****01/29/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date