SMART, ASHISHKUMAR K 2283 STONE CROSS CIRCLE ORLANDO, FL 32828 US

FEI Number: 46-2172325

Current Mailing Address: 2283 STONE CROSS CIRCLE ORLANDO, FL 32828 US

DOCUMENT# L13000033012

2413 ENTERPRISE RD ORANGE CITY, FL 32763

Entity Name: LEGACY PHARMACY OC LLC

Name and Address of Current Registered Agent:

Current Principal Place of Business:

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

Authorized Person(s) Detail :

| Title | MGRM | Title | MGR |
|-----------------|-------------------------|-----------------|--|
| Name | SMART, ASHISHKUMAR | Name | SMART, DIPTIBEN |
| Address | 2283 STONE CROSS CIRCLE | Address | 2283 STONE CROSS CIRCLE |
| City-State-Zip: | ORLANDO FL 32828 | City-State-Zip: | ORLANDO FL 32828 |
| | | | |
| Title | MGR | Title | MGR |
| Name | | Name | |
| Name | RAMESH, NIMMALA | Name | KAVYA, NIMMALA |
| Address | 10484 HENBURY STREET | Address | KAVYA, NIMMALA 10484 HENBURY STREET |
| Address | | | |

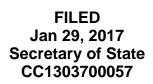
I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered 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: SMART, ASHISHKUMAR

MGRM

01/29/2017

Electronic Signature of Signing Authorized Person(s) Detail



Certificate of Status Desired: Yes

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

Date

Date