

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000081727

Entity Name: COAST QUALITY PHARMACY, LLC

Current Principal Place of Business:

2400 PILOT KNOB RD
MN #200
ST. PAUL, MN 55120

Current Mailing Address:

2400 PILOT KNOB RD
MN #200
ST. PAUL, MN 55120 US

FEI Number: 46-5716490

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MEMBER
Name ANAZAOHEALTH CORPORATION
Address 7465 W. SUNSET ROAD
SUITE 1200
City-State-Zip: LAS VEGAS NV 89113

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: ANAZAOHEALTH CORPORATION

MEMBER

04/08/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date