

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000081727

**Entity Name:** COAST QUALITY PHARMACY, LLC

**Current Principal Place of Business:**

5710 HOOVER BOULEVARD  
TAMPA, FL 33634

**Current Mailing Address:**

212 MILLWELL DR., SUITE A  
MARYLAND HEIGHTS , MO 63043 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 BERKOFF, DOUG  
Address 5710 HOOVER BOULEVARD  
City-State-Zip: TAMPA FL 33634

Title MEMBER  
Name BRESNAHAN, TJ  
Address 5710 HOOVER BOULEVARD  
City-State-Zip: TAMPA FL 33634

Title MEMBER  
Name WEAVER, HAL  
Address 5710 HOOVER BOULEVARD  
City-State-Zip: TAMPA FL 33634

*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:** HAL WEAVER

MEMBER

04/09/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date