

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1400009136

Entity Name: JEFFERSON PHARMACY, LLC

Current Principal Place of Business:

2683 ST. JOHNS BLUFF ROAD
SUITE 127
JACKSONVILLE, FL 32246

Current Mailing Address:

2683 ST. JOHNS BLUFF ROAD
SUITE 127
JACKSONVILLE, FL 32246 US

FEI Number: 46-5612102

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DRIVE
SUITE A
TALLAHASSEE, FL 32301 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 MANAGER, AUTHORIZED MEMBER
Name JOHANSON, CRAIG
Address 2683 ST. JOHNS BLUFF ROAD
 SUITE 127
City-State-Zip: JACKSONVILLE FL 32246

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: CRAIG JOHANSON

MANAGER

04/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date