

**2015 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**

**04/18/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date