

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000103062

**FILED**  
**Jan 15, 2011**  
**Secretary of State**

**Entity Name:** WEST COAST NUCLEAR PHARMACY, L.L.C.

**Current Principal Place of Business:**

1202 TECH BLVD.  
SUITE 106  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2468  
FORT MYERS, FL 33902 24

**New Mailing Address:**

P.O. BOX 2468  
FORT MYERS, FL 33902 US

**FEI Number:** 20-3782522

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SNELLR, MARYF V ESQ.  
1833 HENDRY STREET  
FORT MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** GRAY, WARREN C JR.  
**Address:** 1202 TECH BLVD., SUITE 106  
**City-St-Zip:** TAMPA, FL 33619

**Title:** MGR  
**Name:** BECKER, GEOFFREY  
**Address:** P.O. BOX 2468  
**City-St-Zip:** FORT MYERS, FL 33902 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** GEOFFREY BECKER

MGR

01/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date