

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007984

FILED
Apr 09, 2008
Secretary of State

Entity Name: SEASIDE FAMILY PHARMACY, LLC

Current Principal Place of Business:

4075 A1A SOUTH, SUITE 102
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

4075 A1A SOUTH, SUITE 102
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 03-0579462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCARTY, ANTHONY OBIE
4112 CREEKBLUFF DRIVE
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

PENNINGTON, JAMES D MANAGER
115 SAN RAFAEL RD.
ST. AUGUSTINE, FL 32080 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: J. D. PENNINGTON

04/09/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PENNINGTON, JAMES DENNIS
Address: 4075 A1A SOUTH, SUITE 102
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGR () Delete
Name: MCCARTY, DELAINE P
Address: 4112 CREEKBLUFF DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGR () Delete
Name: BLANCO, RYAN
Address: 117 BONITA DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGR () Delete
Name: DOMPE, LYNN
Address: 301 REDWING LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGR () Delete
Name: MCCARTY, ANTHONY OBIE
Address: 4112 CREEKBLUFF DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: J. D. PENNINGTON

MGR

04/09/2008

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