

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007984

FILED  
Feb 18, 2009  
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:**

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

MGR

02/18/2009

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