

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000020660

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Entity Name:** ONE STOP PHARMACY CREATIONS, LLC

**Current Principal Place of Business:**

3193 TECH DRIVE, STE. B  
ST. PETERSBURG, FL 33716

**New Principal Place of Business:**

**Current Mailing Address:**

3193 TECH DRIVE, STE. B  
ST. PETERSBURG, FL 33716

**New Mailing Address:**

**FEI Number:** 41-2270251

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., SUITE 4  
WESTON, FL 33331 US

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

TONEY, LOWE  
3193 TECH DR  
ST. PETERSBURG, FL 33716-100 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: TONEY LOWE

04/08/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BERSIN, JOHN B  
Address: 9820 E. 41 STREET, STE. 300  
City-St-Zip: TULSA, OK 74146

Title: MGRM  
Name: RUSSELL, COIT C  
Address: 1853 PINK GUARA CT  
City-St-Zip: TRINITY, FL 34655

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: RUSSELL C COIT

MGRM

04/08/2010

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