

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000020660

**FILED**  
**Apr 19, 2011**  
**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:**

TONEY, LOWE  
3193 TECH DR  
ST. PETERSBURG, FL 33716 US

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

COIT, RUSSELL C JR  
3193 TECH DR  
ST. PETERSBURG, FL 33716 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: RUSSELL C. COIT JR.

04/19/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: COIT, RUSSELL C JR  
Address: 1654 LAKE POLO DR  
City-St-Zip: ODESSA, FL 33556

Title: MGRM  
Name: BERSIN, JOHN  
Address: 19705 S 43RD AVE  
City-St-Zip: MOUNDS, OK 74047

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 JR.

PRES

04/19/2011

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