2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# L08000039508

Entity Name: EDGE PHARMACY, LLC

Current Principal Place of Business:

21122 LAKE TALIA BLVD.
LAND O'LAKES, FL 34638

New Principal Place of Business:

Current Mailing Address:

21122 LAKE TALIA BLVD.
LAND O'LAKES, FL 34638

New Mailing Address:

FEI Number: 30-0480778 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, ROBERT F CPA
2918 BUSCH LAKE BLVD
TAMPA, FL 33614 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: MGRM ( ) Delete
Name: ALADIUME, HARRIETH
Address: 21122 LAKE TALIA BLVD.
City-St-Zip: LAND O'LAKES, FL 34638

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: EKECHI, MATHEW
Address: 29855 PRAIRIE FALCON DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33545

Title: MGR ( ) Change (X) Addition
Name: ALADIUME, HARRIETH
Address: 21122 LAKE TALIA BLVD
City-St-Zip: LAND O LAKES, FL 34638

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: HA MGR 02/18/2009

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