

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000039508

FILED
May 06, 2009
Secretary of State**Entity Name:** EDGE PHARMACY, LLC**Current Principal Place of Business:**21122 LAKE TALIA BLVD.
LAND O'LAKES, FL 34638**New Principal Place of Business:**2039 E. EDGEWOOD DRIVE
SUITE A
LAKELAND, FL 33803**Current Mailing Address:**21122 LAKE TALIA BLVD.
LAND O'LAKES, FL 34638**New Mailing Address:**2039 E. EDGEWOOD DRIVE
LAKELAND, FL 33803**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: EKECHI, MATHEW
Address: 29855 PRAIRIE FALCON DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33545**Title:** MGR () Delete
Name: ALADIUME, HARRIETH
Address: 21122 LAKE TALIA BLVD
City-St-Zip: LAND O LAKES, FL 34638**ADDITIONS/CHANGES:****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: ME

MGR

05/06/2009

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