

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000039508

Entity Name: EDGE PHARMACY, LLC

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

2039 E. EDGEWOOD DRIVE  
SUITE A  
LAKELAND, FL 33803

## **New Principal Place of Business:**

2039 E. EDGEWOOD DRIVE  
#110A  
LAKELAND, FL 33803

## **Current Mailing Address:**

2039 E. EDGEWOOD DRIVE  
LAKELAND, FL 33803

## **New Mailing Address:**

2039 E. EDGEWOOD DRIVE  
#110A  
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: MGR  
Name: ALADIUME, HARRIETH  
Address: 2039 E. EDGEWOOD DRIVE #110A  
City-St-Zip: LAKELAND, FL 33803

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: HNA

MGR

02/07/2012

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