

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000097872

**FILED**  
**Sep 05, 2012**  
**Secretary of State**

**Entity Name:** EAST COAST PHARMACY, LLC

**Current Principal Place of Business:**

695 N WASHINGTON AVE  
UNIT 101  
TITUSVILLE, FL 32796 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 337  
TITUSVILLE, FL 32781 US

**New Mailing Address:**

695 N WASHINGTON AVE  
UNIT 101  
TITUSVILLE, FL 32796 US

**FEI Number:** 26-4406066

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BHALANI, KANTILAL  
3 INDIAN RIVER AVE  
1201  
TITUSVILLE, FL 32796 US

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

AGGARWAL, NITIN  
2013 SANTA CATALINA LANE  
RIVERVIEW, FL 33578 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: NITIN AGGARWAL

09/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: AGGARWAL, NITIN  
Address: 2013 SANTA CATALINA LANE  
City-St-Zip: RIVERVIEW, FL 33578

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: NITIN AGGARWAL

P

09/05/2012

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