

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000000417

**FILED**  
**Mar 02, 2010**  
**Secretary of State**

**Entity Name:** ST. MARY PHARMACY, LLC

**Current Principal Place of Business:**

1290 WEST BAY DR.  
LARGO, FL 33770 US

**New Principal Place of Business:**

**Current Mailing Address:**

17930 SOUTER LANE  
LAND O LAKES, FL 34638 US

**New Mailing Address:**

1290 WEST BAY DR.  
LARGO, FL 33770 US

**FEI Number:** 26-3961195

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHAKER, MICHAEL  
2550 STAG RUN BLVD.  
518  
CLEARWATER, FL 33765 US

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

SHAKER, ALBERT  
17930 SOUTER LANE  
LAND O LAKES, FL 34638 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: ALBERT SHAKER

03/02/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SHAKER, ALBERT  
Address: 17930 SOUTER LANE  
City-St-Zip: LAND O LAKES, FL 34638 US

Title: MGRM  
Name: SHAKER, JOHN  
Address: 17930 SOUTER LANE  
City-St-Zip: LAND O LAKES, FL 34638 US

Title: MGRM  
Name: WAHBA, DINA  
Address: 17930 SOUTER LANE  
City-St-Zip: LAND O LAKES, FL 34638 US

Title: MGRM  
Name: SHAKER, MICHAEL  
Address: 2550 STAG RUN BLVD APT. # 518  
City-St-Zip: CLEARWATER, FL 33765 US

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: ALBERT SHAKER

MGRM

03/02/2010

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