

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000003444

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** ONESTOP RX LLC

**Current Principal Place of Business:**

4830 N ARMENIA AVE  
TAMPA, FL

**New Principal Place of Business:**

**Current Mailing Address:**

2107 HAMMOCK PARK CT  
TRINITY, FL 34655

**New Mailing Address:**

**FEI Number:** 94-3462434

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

OHIHOIN, NELSON E  
2107 HAMMOCK PARK CT  
TRINITY, FL 34655 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:** ADM  
**Name:** SCOTT, DOREEN M  
**Address:** 2107 HAMMOCK PARK CT  
**City-St-Zip:** TRINITY, FL 34655

**Title:** AAS  
**Name:** CARUANA, MIKA L  
**Address:** 9009 NORTHCLIFFE BLVD.  
**City-St-Zip:** SPRING HILL, FL 34606

**Title:** PRES  
**Name:** OHIHOIN, NELSON E  
**Address:** 4269 MAPLEHURST WAY  
**City-St-Zip:** SPRING HILL, FL 34609

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:** DOREEN SCOTT

MGR

04/04/2011

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