

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000064731

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** AMERIQUEST PHARMACEUTICAL, LLC

**Current Principal Place of Business:**

1035 COLLIER CENTER WAY  
SUITE 10  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

1035 COLLIER CENTER WAY  
SUITE 10  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 27-0498761

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

SANZEN, RICHARD R  
1035 COLLIER CENTER WAY  
NAPLES, FL 34110 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: RICHARD R. SANZEN

02/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SANZEN, RICHARD R  
Address: 1035 COLLIER CENTER WAY SUITE 10  
City-St-Zip: NAPLES, FL 34110

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: RICHARD R. SANZEN

PRES

02/16/2011

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