

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000077862

Entity Name: WESTSIDE PHARMACY LLC

FILED
Feb 04, 2011
Secretary of State

Current Principal Place of Business:

8265 WEST BROWARD BLVD
PLANTATION, FL 33324

New Principal Place of Business:

8269 WEST BROWARD BLVD
PLANTATION, FL 33324

Current Mailing Address:

5902 ABBEY ROAD
TAMARAC, FL 33321

New Mailing Address:

8269 WEST BROWARD BLVD
PLANTATION, FL 33324

FEI Number: 90-0509212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVE, RAKHI
5902 ABBEY ROAD
TAMARC, FL 33321 US

Name and Address of New Registered Agent:

DAVE, JAYESH
5902 ABBEY ROAD
TAMARC, FL 33321 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: JAYESH DAVE

02/04/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: DAVE, JAYESH
Address: 5902 ABBEY ROAD
City-St-Zip: TAMARAC, FL 33321 US

Title: MGR
Name: DADIA, NIREN
Address: 5520 NW 106TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: MGR
Name: PATEL, BHARAT
Address: 523 EAST SAMPLE RD
City-St-Zip: POMPANO, FL 334064 US

Title: MGR
Name: PATEL, JAGDIP
Address: 125 WOODLAKE CIRCLE
City-St-Zip: LAKEWORTH, FL 33463 US

Title: MGR
Name: DESAI, PINKESH
Address: 2451 NW 98TH LANE
City-St-Zip: SUNRISE, FL 33322 US

Title: MGR
Name: NAIK, RAMESHCHANDRA K
Address: 9565 N BELFORT CIR, APT# P-206
City-St-Zip: TAMARAC, FL 33321 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: JAYESH DAVE

MGR

02/04/2011

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