

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000001663

**FILED**  
**Mar 25, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA PHARMACY CONSULTING, LLC

**Current Principal Place of Business:**

2497 SE DIXIE HWY  
STUART, FL 34996

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 458  
PORT SALERNO, FL 34992

**New Mailing Address:**

**FEI Number:** 27-1676322

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TURNBLACER, MONICA  
4073 SE FAIRWAY EAST  
STUART, FL 34997 US

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

TURNBLACER, MONICA  
2497 SE DIXIE HWY  
STUART, FL 34996 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:

03/25/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: TURNBLACER, MONICA  
Address: PO BOX 458  
City-St-Zip: PORT SALERNO, FL 34992

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: MONICA TURNBLACER

MGR

03/25/2012

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