

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000055804

FILED
Mar 15, 2011
Secretary of State

Entity Name: PHARMACIST ASSOCIATES, LLC

Current Principal Place of Business:

5069 NORTHERN LIGHTS DRIVE
GREENACRES, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

5069 NORTHERN LIGHTS DRIVE
GREENACRES, FL 33463 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JHA, KARTIKEYA
9680 ARBOR MEADOW DRIVE
BOYNTON BEACH, FL 33437 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: MGRM
Name: PARIKH, ZANKHANA
Address: 5069 NORTHERN LIGHTS DRIVE
City-St-Zip: GREENACRES, FL 33463 US

Title: MGRM
Name: JHA, KARTIKEYA
Address: 9680 ARBOR MEADOW DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437 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: ZANKHANA PARIKH MGRM 03/15/2011

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