

# **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