

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000063880

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** PHARMACY ASSOCIATES LLC

**Current Principal Place of Business:**

6110 W ATLANTIC AVE  
BAY C  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

6110 W ATLANTIC AVE  
BAY C  
DELRAY BEACH, FL 33484

**New Mailing Address:**

**FEI Number:** 27-2966550

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARIKH, HEMAL  
5069 NORTHERN LIGHTS DR  
GREENACRES, FL 33463 US

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

PARIKH, HEMAL  
6110 W ATLANTIC AVE  
BAY C  
DELRAY BEACH, FL 33484 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: HEMAL PARIKH

03/21/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PARIKH, HEMAL  
Address: 5069 NORTHERN LIGHTS DR  
City-St-Zip: GREENACRES, FL 33463

Title: MGRM  
Name: KANANI, BHARAT  
Address: 1242 OAKWATER DRIVE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MGRM  
Name: PATEL, JAIMIN K  
Address: 10636 MENDOCINO LN  
City-St-Zip: BOCA RATON, FL 33428

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: HEMAL PARIKH

MGRM

03/21/2012

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