

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000103508

**FILED**  
**Mar 30, 2012**  
**Secretary of State**

**Entity Name:** GROVE PHARMACY & AA MEDICAL SUPPLY LLC

**Current Principal Place of Business:**

3692 GRAND AVE., STE. B  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

1234 SOUTH DIXIE HWY, STE. 324  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 45-3213874

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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:** MGR  
**Name:** WEISBEIN, RAYMOND  
**Address:** 3692 GRAND AVE., STE. B  
**City-St-Zip:** MIAMI, FL 33133

**Title:** MGR  
**Name:** WEISBEIN, MICHAEL  
**Address:** 3692 GRAND AVE., STE. B  
**City-St-Zip:** MIAMI, FL 33133

**Title:** S  
**Name:** WEISBEIN, SELMA  
**Address:** 3692 GRAND AVE., STE. B  
**City-St-Zip:** MIAMI, FL 33133

**Title:** T  
**Name:** MESA, ALFREDO  
**Address:** 3692 GRAND AVE., STE. B  
**City-St-Zip:** MIAMI, FL 33133

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:** ALFREDO MESA

T

03/30/2012

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