

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004647

FILED  
Jul 11, 2007  
Secretary of State

**Entity Name:** SUNCOAST PHARMACY OF BOYNTON BEACH, LLC

**Current Principal Place of Business:**

8280 JOG ROAD  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

**Current Mailing Address:**

10058 SPANISH ISLES BLVD  
BOCA RATON, FL 33498

**New Mailing Address:**

1200 S ROGERS CIRCLE  
SUITE 9  
BOCA RATON, FL 33487

FEI Number: 65-0937012      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BLOCH, STUART E  
980 NORTH FEDERAL HIGHWAY, SUITE 412  
BOCA RATON, FL 33432      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      ( ) Delete  
Name: ACKERMAN, HOWARD  
Address: 10058 SPANISH ISLES BLVD  
City-St-Zip: BOCA RATON, FL 33498

Title: MGR      ( ) Delete  
Name: SALAMON, JEFFREY J  
Address: 10058 SPANISH ISLES BLVD  
City-St-Zip: BOCA RATON, FL 33498

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: SALAMON, JEFFREY  
Address: 6074 NW 30TH WAY  
City-St-Zip: BOCA RATON, FL 33496

Title: MGR      (X) Change ( ) Addition  
Name: LITTEN, JORDAN  
Address: 8585 TRAILWINDS CT  
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JEFFREY SALAMON

MGR

07/11/2007

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