

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000006472

**Entity Name:** AVS PHARMA LLC

**Current Principal Place of Business:**

7535 MEDICAL DRIVE  
UNIT 1  
HUDSON, FL 34667

**Current Mailing Address:**

7535 MEDICAL DRIVE  
UNIT 1  
HUDSON, FL 34667 US

**FEI Number:** 27-1705258

**Certificate of Status Desired:** No

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

PATEL, FALGUN B  
1235 CARRIAGE PARK DR  
VALRICO, FL 33594 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	PATEL, FALGUN B	Name	PATEL, MIRALBHAI B
Address	1235 CARIAGE PARK DR	Address	18736 US 19 N
City-State-Zip:	VALRICO FL 33594	City-State-Zip:	CLEARWATER FL 33764-5119

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FALGUN PATEL

**MGRM**

**03/08/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date