2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 12, 2016
Secretary of State
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Entity Name: TRUST PHARMACY LLC

Current Principal Place of Business:

36515 US HIGHWAY 19 N
PALM HARBOR, FL 34684

Current Mailing Address:

36515 US HIGHWAY 19 N
PALM HARBOR, FL 34684 US

FEI Number: 27-2765021

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAKER, MICHAEL
2579 GLORIOSA DR
PALM HARBOR, FL 34684 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	MGR	Title	MGRM
Name	SHAKER, MICHAEL	Name	SHAKER, RANIA M
Address	2579 GLORIOSA DR	Address	36515 US HIGHWAY 19 N
City-State-Zip:	PALM HARBOR FL 34684	City-State-Zip:	PALM HARBOR FL 34684

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL SHAKER MGR 05/12/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date