2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2015
Secretary of State
CC4742561992

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Entity Name: RELIANT PHARMACY LLC

Current Principal Place of Business:

19107 HARBOR COVE CT
LUTZ, FL 33558

Current Mailing Address:

19107 HARBOR COVE CT
LUTZ, FL 33558 US

FEI Number: 27-3234224

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THAKKAR, GAUTAM
19107 HARBOR COVE COURT
LUTZ, FL 33558 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
Name	THAKKAR, GAUTAM
Address	19107 HARBOR COVE COURT
City-State-Zip:	LUTZ FL 33558

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: GAUTAM THAKKAR MGRM 01/06/2015

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