

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000100755

Entity Name: SOUTHEAST COMPOUNDING PHARMACY LLC

Current Principal Place of Business:

3906 CRAGMONT DRIVE
TAMPA, FL 33619

Current Mailing Address:

7202 PELAS CIRCLE
NORTH FORT MYERS, FL 33917 US

FEI Number: 46-0731214

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MENKE, SUE
7202 PELAS CIRCLE
NORTH FORT MYERS, FL 33917 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 BECKER ENTERPRISES, LLC
Address 32 TIMBERLAND CR. N.
City-State-Zip: FORT MYERS FL 33919

Title MGR
Name GRAY, JR., WARREN CAL
Address 860 LAKE ELBERT DR. SE
City-State-Zip: WINTER HAVEN FL 33880

Title MRG
Name RUDDY, FRANK
Address 4 WOODRUFF WAY
City-State-Zip: COLUMBIA NJ 07832

Title MGR
Name STEELE, JEFF
Address 11730 TIMBERLINE CR.
City-State-Zip: FORT MYERS FL 33966

Title MGR
Name LARREA, MILTON
Address 5812 TALLOWOOD CR.
City-State-Zip: FORT MYERS FL 33919

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: SUE MENKE

AGENT

01/12/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date