2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2014
Secretary of State
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Entity Name: FIRST COAST PERSONAL PHARMACIST SERVICES, LLC

Current Principal Place of Business:

1000 DEER SPRING DR.
JACKSONVILLE, FL 32221

Current Mailing Address:

1000 DEER SPRING DR.
JACKSONVILLE, FL 32221

FEI Number: 08-6622761

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EVELYN, VICTORIA LPHARMD
1000 DEER SPRING DR.
JACKSONVILLE, FL 32221 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
Name	EVELYN, VICTORIA LPHARMD
Address	1000 DEER SPRING DR.
City-State-Zip:	JACKSONVILLE FL 32221

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: VICTORIA EVELYN MGR 04/30/2014

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