**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 04, 2016**
**Secretary of State**
**CC4682617871**

DOCUMENT# L14000185437

**Entity Name:** MERIDIAN PHARMACY LLC

**Current Principal Place of Business:**

8890 N 56TH ST
TEMPLE TERRACE, FL 33617

**Current Mailing Address:**

5838 BENT GRASS DR
VALRICO, FL 33596 US

**FEI Number: 47-2456313**

**Certificate of Status Desired:** No

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

CHERIAN, CHERRIAN K
5838 BENT GRASS DR
VALRICO, FL 33596 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 | CHERIAN, CHERRIAN K |
| Address | 5838 BENT GRASS DR |
| City-State-Zip: | VALRICO FL 33596 |

*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: CHERRIAN K. CHERIAN OWNER 01/04/2016

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