

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005955

Entity Name: NDA PHARMACY, LLC

FILED
Jun 30, 2005
Secretary of State

Current Principal Place of Business:

11402 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

New Principal Place of Business:

519 JIM MORAN BLVD.
DEERFIELD BEACH, FL 33442

Current Mailing Address:

11402 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

New Mailing Address:

519 JIM MORAN BLVD.
DEERFIELD BEACH, FL 33442

FEI Number: 33-0997659 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LITWACK, MORTON J
11402 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

LITWACK, MORTON J
519 JIM MORAN BLVD.
DEERFIELD BEACH, FL 33442 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: MORTON LITWACK

06/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LITWACK, MORTON J MR
Address: 11402 W. SAMPLE RD
City-St-Zip: CORAL SPRINGS, FL 33065 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LITWACK, MORTON J MR
Address: 519 JIM MORAN BLVD.
City-St-Zip: DEERFIELD BEACH, FL 33442 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MORTON LITWACK

MGRM

06/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date