

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 19, 2004
Secretary of State

DOCUMENT# L02000017263

Entity Name: MOMS PHARMACY, LLC

Current Principal Place of Business:

4500 BISCAYNE BLVD.
SUITE # 104
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

4500 BISCAYNE BLVD.
SUITE # 104
MIAMI, FL 33137

New Mailing Address:

FEI Number: 04-3702637 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 NORTHWEST 16TH STREET
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ALLION HEALTHCARE, I, NC. (A DEL. CO R P.)
Address: 4500 BISCAYNE BLVD, SUITE 104
City-St-Zip: MIAMI, FL 33137 US

Title: MGRM () Delete
Name: MORAN, MICHAEL P
Address: 4500 BISCAYNE BLVD, SUITE 104
City-St-Zip: MIAMI, FL 33137 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL MORAN

MGRM

10/19/2004

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