


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 13, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000017263  
 1. Entity Name  
 MOMS PHARMACY, LLC



Principal Place of Business 4500 BISCAYNE BLVD. SUITE # 104 MIAMI, FL 33137	Mailing Address 4500 BISCAYNE BLVD. SUITE # 104 MIAMI, FL 33137
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**DO NOT WRITE IN THIS SPACE**

05102005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3702637	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 FILINGS, INC.  
 3732 NORTHWEST 16TH STREET  
 FORT LAUDERDALE, FL 33311

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: James G. Spencer DATE: 5/11/2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by September 7, 2005**

000000366641  
 05/13/05-80015-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLION HEALTHCARE, INC. (A DEL. CORP.) 4500 BISCAYNE BLVD, SUITE 104 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORAN, MICHAEL P 4500 BISCAYNE BLVD, SUITE 104 MIAMI, FL 33137
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: James G. Spencer DATE: 5/11/2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #