

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jan 30, 2009
Secretary of State**

DOCUMENT# L07000102060

Entity Name: DRUG BOX, LLC

Current Principal Place of Business:

3334 CAPITAL MEDICAL BLVD.
SUITE 400
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

3334 CAPITAL MEDICAL BLVD.
SUITE 400
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 26-1210858 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TARDI, KELBY H CPA
3334 CAPITAL MEDICAL BLVD
SUITE 400
TALLAHASSEE, FL 32308 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/MANAGERS:

Title: MR () Delete
Name: SHIPMAN, ROBERT M
Address: 3334 CAPITAL MEDICAL BLVD STE 400
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT M SHIPMAN

MR

01/30/2009

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