

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000022222

**FILED**  
**Jun 27, 2010**  
**Secretary of State**

**Entity Name:** PRESCRIPTION CABINETS, LLC

**Current Principal Place of Business:**

4905 CAPRI AVENUE  
SARASOTA, FL 34235

**New Principal Place of Business:**

**Current Mailing Address:**

4905 CAPRI AVENUE  
SARASOTA, FL 34235

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

WELCH, BARBARA J  
2071 MAIN STREET  
SARASOTA, FL 34237 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: MGRM  
Name: HUMENY, EDWARD R  
Address: 4905 CAPRI AVE  
City-St-Zip: SARASOTA, FL 34235 US

I hereby 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: EDWARD R. HUMENY

MGRM

06/27/2010

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