

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Sep 23, 2009
Secretary of State**

DOCUMENT# L08000023022

Entity Name: AM PHARMA, LLC

Current Principal Place of Business:

1933 N PINELLAS AVE
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

1933 N PINELLAS AVE
TARPON SPRINGS, FL 34689 US

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:

MUSCA, DANIEL
12004 RACE TRACK ROAD
TAMPA, FL 33626 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: MGR () Delete
Name: AARTI, MEHTA
Address: 1933 N PINELLAS AVE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: MGR (X) Delete
Name: GUPTA, VIKRAM
Address: 1933 N PINELLAS AVE N
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGR (X) Delete
Name: GUPTA, NEELAM
Address: 1933 N PINELLAS AVE N
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MEHTA, HARSH
Address: 1933 N PINELLAS AVE
City-St-Zip: TARPON SPRINGS, FL 34689 US

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 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: HARSH MEHTA

MGR

09/23/2009

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