2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 27, 2008
Secretary of State

DOCUMENT# M06000003905

Entity Name: DOCTORS PHARMACY MANAGEMENT, LLC

Current Principal Place of Business:

23141 LA CADENA DRIVE, SUITE 4
LAGUNA HILLS, CA 92653

New Principal Place of Business:

940 CALLE AMANECER
STE C
SAN CLEMENTE, CA 92673

Current Mailing Address:

23141 LA CADENA DRIVE, SUITE 4
LAGUNA HILLS, CA 92653

New Mailing Address:

940 CALLE AMANECER
STE C
SAN CLEMENTE, CA 92673

FEI Number: 73-1732653 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PARACORP INCORPORATED
236 EAST 6TH AVE.
TALLAHASSEE, FL 32303 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: SOLODKO, GREG
Address: 23141 LA CADENA DRIVE, SUITE 4
City-St-Zip: LAGUNA HILLS, CA 92653

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SOLODKO, GREG
Address: 940 CALLE AMANECER, STE C
City-St-Zip: SAN CLEMENTE, CA 92673

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: THOMAS KERL CPA 08/27/2008

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