

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000004037

FILED
Jan 05, 2011
Secretary of State

Entity Name: PRESCRIPTION CARE MANAGEMENT, LLC

Current Principal Place of Business:

190 HARBOR DR.
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

190 HARBOR DR.
KEY LARGO, FL 33037

New Mailing Address:

PO BOX 34446
RENO, NV 89533

FEI Number: 27-3463867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name: D'ANTONI, GARRET
Address: PO BOX 34446
City-St-Zip: RENO, NV 89533

Title: MGR
Name: WENER, KENNETH
Address: PO BOX 34446
City-St-Zip: RENO, NV 89533

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: GARRET D'ANTONI

MEMB

01/05/2011

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