

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000001447 1. Entity Name DYNAMIC FINANCIAL CONSULTANTS, LLC						<div>FILED</div> <div>06 MAY 16 PM 12:28</div> <div>SECRETARY OF STATE</div>	
Principal Place of Business 6911 BRYAN DAIRY ROAD SUITE 210 LARGO, FL 33777				Mailing Address 6911 BRYAN DAIRY ROAD SUITE 210 LARGO, FL 33777			
2. Principal Place of Business 12399 BELCHER ROAD SOUTH SUITE 140				3. Mailing Address 12399 BELCHER ROAD SOUTH SUITE 140			
City & State LARGO, FL				City & State LARGO, FL			
Zip 33773		Country USA		Zip 33773		Country USA	
4. FEI Number 59-3640809				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent TANEJA, JUGAL K 6950 BRYAN DAIRY ROAD LARGO, FL 33777				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR ONLINE MEDS RX, INC. 6911 BRYAN DAIRY RD STE 210 LARGO, FL 33777 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR ONLINE MEDS RX, INC. 12399 BELCHER ROAD SOUTH, SUITE 140 LARGO, FL 33773 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.							
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div> Mandeep K Taneja, Director <small>Date</small> </div> <div> 4/24/06 727-683-0670 <small>Daytime Phone #</small> </div> </div>							