

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L00000011161 1. Entity Name PHARMACEUTICAL ASSOCIATES, LLC	
--	---

Principal Place of Business 6291 W. LINEBAUGH AVE TAMPA, FL 33625	Mailing Address 5220 SOUTH MANHATTAN AVE. TAMPA, FL 33611
---	---



04102007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3671322	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent JENKINS, STEVE 5220 SOUTH MANHATTAN AVE. TAMPA, FL 33611
--

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JENKINS, STEVE 5220 SOUTH MANHATTAN AVE. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000724605
05/02/07-80118-008 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:



R. Stephen Jenkins

4/11/07

(813) 839-6565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #