


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # L00000011161 1. Entity Name PHARMACEUTICAL ASSOCIATES, LLC	
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Principal Place of Business 6291 W. LINEBAUGH AVE TAMPA, FL 33625	Mailing Address 5220 SOUTH MANHATTAN AVE. TAMPA, FL 33611
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03052008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3671322	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000867840
04/08/08-2008-005 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR JENKINS, STEVE 5220 SOUTH MANHATTAN AVE. TAMPA, FL 33611
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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: Cheryl A. Hodges Date: 3/19/08 Daytime Phone # _____

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