

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L00000012788

**Entity Name:** DOCTOR'S DISPENSARY, LLC

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2467 NW 63 ST  
BOCA RATON, FL 33496

**New Principal Place of Business:**

**Current Mailing Address:**

2467 NW 63 ST  
BOCA RATON, FL 33496

**New Mailing Address:**

**FEI Number:** 65-1053494      **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:**

**Name and Address of New Registered Agent:**

BLACKMAN, STEVEN T PLC  
2467 NW 63 ST  
BOCA RATON, FL 33496      US

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:** STEVEN T BLACKMAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BLACKMAN, STEVEN T  
**Address:** 2467 NW 63 ST  
**City-St-Zip:** BOCA RATON, FL 33496

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:** STEVEN T BLACKMAN

PLC

04/27/2010

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