## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L01000000902

Address:

Entity Name: QUESTCARE PHARMACY, LLC

5780 S. PLUM BAY PKWY

City-St-Zip: TAMARAC, FL 33321

FILED May 01, 2006 Secretary of State

Current P	rincipal Place of Business:	New Principal Pla	New Principal Place of Business:	
	MCNAB RD. D, FL 33321		11524 WILES ROAD CORAL SPRINGS, FL 33076	
Current M	lailing Address:	New Mailing Add	New Mailing Address:	
10038 W. MCNAB RD. TAMARAC, FL 33321			11524 WILES ROAD CORAL SPRINGS, FL 33076	
	: 65-1070480 FEI Number Applied For ( ice with s. 607.193(2)(b), F.S., the limited liabi	) FEI Number Not Applicable() ity company did not receive the prior no		
Name and	I Address of Current Registered Age	nt: Name and Addres	s of New Registered Agent:	
5780 S. PL	IADRIGAL, SASQUIA LUM BAY PKWY C, FL 33321 US			
	named entity submits this statement fo e of Florida.	r the purpose of changing its regist	ered office or registered agent, or both	
SIGNATUI	RE:			
	Electronic Signature of Registere	ed Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	5780 S. PLÚM BAY PKWY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	V () Delete	Title: Name:	( ) Change ( ) Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: SASQUIA MIELES-MADRIGAL