
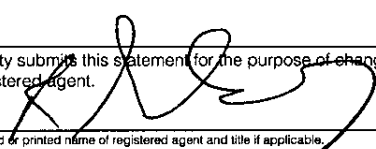
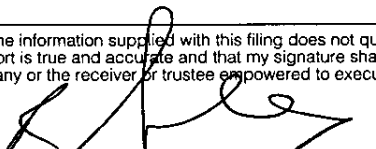


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90042 047 \*\*\*\*50.00

<b>DOCUMENT # L01000005333</b> 1. Entity Name <b>UNITED MAIL PHARMACY SERVICE, L.C.</b>																											
Principal Place of Business <b>800 E. HALLANDALE BEACH BLVD</b> <b>800</b> <b>HALLANDALE BEACH, FL 33009</b>		Mailing Address <b>1250 E. HALLANDALE BEACH BLVD.,</b> <b>A</b> <b>HALLANDALE BEACH, FL 33009</b>																									
2. Principal Place of Business <b>800 E. Hallandale Bch Blvd</b> Suite, Apt. #, etc. <b>800</b>		3. Mailing Address <b>1455 N. Park Drive</b> Suite, Apt. #, etc. <b>-</b>																									
City & State <b>Hallandale Beach, Florida</b>		City & State <b>Weston, Florida</b>																									
Zip <b>33009</b>		Zip <b>33326</b>																									
Country <b>USA</b>		Country <b>USA</b>																									
4. FEI Number <b>65-1109717</b>																											
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required.</b>																											
6. Name and Address of Current Registered Agent  <b>SMOLEY, ROBERT ESQ</b> <b>800 E. HALLANDALE BEACH BLVD</b> <b>SUITE 200</b> <b>MIAMI, FL 33133</b>		7. Name and Address of New Registered Agent Name <b>Robert Smoley, Esq</b> Street Address (P.O. Box Number is Not Acceptable) <b>1455 N. Park Drive</b> City <b>Weston, FL</b> Zip Code <b>33326</b>																									
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.																											
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<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>																									
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.																											
<b>SIGNATURE:</b> 																											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____																											

24053854



04132004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
65-1109717

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMOLEY, ROBERT ESQ  
800 E. HALLANDALE BEACH BLVD  
SUITE 200  
MIAMI, FL 33133

Name **Robert Smoley, Esq**  
Street Address (P.O. Box Number is Not Acceptable)  
**1455 N. Park Drive**  
City **Weston, FL** Zip Code **33326**

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.

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**Filing Fee is \$50.00**  
**Due by May 1, 2004**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_