

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005333

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: UNITED MAIL PHARMACY SERVICE, L.C.

## Current Principal Place of Business:

800 E. HALLANDALE BEACH BLVD  
800  
HALLANDALE BEACH, FL 33009

## New Principal Place of Business:

800 E. HALLANDALE BEACH BLVD  
800  
HALLANDALE BEACH, FL 33009 US

## Current Mailing Address:

1455 N. PARK DRIVE  
FORT LAUDERDALE, FL 33326

## New Mailing Address:

1455 NORTH PARK DRIVE  
WESTON, FL 33326 US

FEI Number: 65-1109717

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMOLEY, ROBERT ESQ  
1455 N. PARK DRIVE  
FORT LAUDERDALE, FL 33326 US

## Name and Address of New Registered Agent:

SMOLEY, ROBERT  
1455 NORTH PARK DRIVE  
WESTON, FL 33326 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: ROBERT SMOLEY

04/29/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: SMOLEY, ROBERT  
Address: 1250 E HALLANDALE BCH BLVD PH-A  
City-St-Zip: HALLANDALE, FL 33009

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SMOLEY, ROBERT  
Address: 1455 NORTH PARK DRIVE  
City-St-Zip: WESTON, FL 33326 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT SMOLEY

MGRM

04/29/2005

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