2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L01000005333

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

FILED Nov 07, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

800 E. HALLANDALE BEACH BLVD 800 E. HALLANDALE BEACH BLVD

800 # 18

HALLANDALE BEACH, FL 33009 US HALLANDALE BEACH, FL 33009 US

Current Mailing Address: New Mailing Address:

1455 NORTH PARK DRIVE 800 E. HALLANDALE BEACH BLVD.

WESTON, FL 33326 US SUITE # 18

HALLANDALE BEACH, FL 33009 US

FEI Number: 65-1109717 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SMOLEY, ROBERT

1455 NORTH PARK DRIVE

WESTON, FL 33326 US

ELLSWORTH, SEAN

404 WASHINGTON AVENUE

SUITE 750

MIAMI BEACH, FL 33139 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: SEAN ELLSWORTH 11/07/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGR (X) Change () Addition

Name:SMOLEY, ROBERTName:ANTONIONI, DINOAddress:1455 NORTH PARK DRIVEAddress:800 E. HALLANDALE BEACH BOULEVARDCity-St-Zip:WESTON, FL 33326 USCity-St-Zip:HALLANDALE BEACH, FL 33009 US

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: DINO ANTONIONI MGR 11/07/2006