

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008071

FILED
Mar 29, 2005
Secretary of State

Entity Name: PHARMACY MARKETING SERVICES, LLC

Current Principal Place of Business:

2881 EAST OAKLAND PARK BLVD., SUITE 309
FORT LAUDERDALE, FL 33306

New Principal Place of Business:

100 S. PINE ISLAND ROAD
#116
PLANTATION, FL 33324

Current Mailing Address:

2881 EAST OAKLAND PARK BLVD., SUITE 309
FORT LAUDERDALE, FL 33306

New Mailing Address:

100 S. PINE ISLAND ROAD
#116
PLANTATION, FL 33324

FEI Number: 03-0424202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASSIDY, BERNARD M
2881 EAST OAKLAND PARK BLVD., SUITE 309
FORT LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

CASSIDY, BERNARD M
1 EAST BROWARD BLVD
#1430
FORT LAUDERDALE, FL 33301 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:

03/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: PINKOFF, LAWRENCE
Address: 2881 EAST OAKLAND PARK BLVD., SUITE 309
City-St-Zip: FORT LAUDERDALE, FL 33306

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PINKOFF, LAWRENCE D MGRM
Address: 100 S. PINE ISLAND ROAD, #116
City-St-Zip: PLANTATION, FL 33324

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: LAWRENCE D. PINKOFF

MGMR

03/29/2005

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