2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# L02000011352

Entity Name: PHARMACARE GROUP, L.L.C.

Current Principal Place of Business:

5680 GULF BREEZE PKWY
STE D106
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

6991 NW 82 AVE
#12
MIAMI, FL 33166

New Mailing Address:

FEI Number: 02-0598389 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PADRON, MARCOS R
6991 NW 82 AVE
#12
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	PADRON, MARCOS R	
Address:	6991 NW 82 AVE #12	
City-St-Zip:	MIAMI, FL 33166	
Title:	MGRM	( ) Delete
Name:	VAN EATON, WESLEY O	
Address:	5680 GULF BREEZE PKWY #D106	
City-St-Zip:	GULF BREEZE, FL 32563	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
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: MARCOS R PADRON MGRM 04/25/2006

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