



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 11, 2007 8:00 am
Secretary of State

06-11-2007 90108 028 ****50.00

DOCUMENT # L02000017097 1. Entity Name CONSULTANT PHARMACIST RESOURCE, LLC					
Principal Place of Business 8521 WYTHMERE LANE ORLANDO, FL 32835 US			Mailing Address 8815 CONROY WINDERMERE ROAD #351 ORLANDO, FL 32835 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05182007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MULDER, RUTH A 8521 WYTHMERE LANE ORLANDO, FL 32835				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULDER, RUTH A		NAME		
STREET ADDRESS	8321 WYTHMERE LN		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE: 			5/18/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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