

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000017097

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** CONSULTANT PHARMACIST RESOURCE, LLC

**Current Principal Place of Business:**

8521 WYTHMERE LANE  
ORLANDO, FL 32835 US

**New Principal Place of Business:**

**Current Mailing Address:**

8815 CONROY WINDERMERE ROAD  
#351  
ORLANDO, FL 32835 US

**New Mailing Address:**

**FEI Number:** 16-1615416      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MULDER, RUTH A  
8521 WYTHMERE LANE  
ORLANDO, FL 32835 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  
**Name:** MULDER, RUTH A  
**Address:** 8321 WYTHMERE LN  
**City-St-Zip:** ORLANDO, FL 32835

I hereby 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: RUTH A. MULDER

MGRM

04/30/2012

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