

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 13, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000017263

1. Entity Name
MOMS PHARMACY, LLC



Principal Place of Business
4500 BISCAYNE BLVD.
SUITE # 104
MIAMI, FL 33137

Mailing Address
4500 BISCAYNE BLVD.
SUITE # 104
MIAMI, FL 33137



DO NOT WRITE IN THIS SPACE

05102005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
04-3702637

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NORTHWEST 16TH STREET
FORT LAUDERDALE, FL 33311

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IN THIS SPACE**

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

James G. Spencer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/11/2005

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

U00000366641
05/13/05-80015-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ALLION HEALTHCARE, INC. (A DEL. CORP.)
4500 BISCAYNE BLVD, SUITE 104
MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MORAN, MICHAEL P
4500 BISCAYNE BLVD, SUITE 104
MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

James G. Spencer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/11/2005

Date

Daytime Phone *