

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019309

Entity Name: MEDS UNLIMITED, LLC

FILED  
Jul 12, 2004  
Secretary of State

## Current Principal Place of Business:

2255 GLADES ROAD, SUITE 200E  
BOCA RATON, FL 33431

## New Principal Place of Business:

2255 GLADES ROAD  
SUITE 200E  
BOCA RATON, FL 33431

## Current Mailing Address:

2255 GLADES ROAD, SUITE 200E  
BOCA RATON, FL 33431

## New Mailing Address:

2255 GLADES ROAD,  
SUITE 200E  
BOCA RATON, FL 33431

FEI Number: 52-2368973

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BYERS, MONTGOMERY L JR.  
111 EAST LEE ROAD  
DELRAY BEACH, FL 33945 US

## Name and Address of New Registered Agent:

CT CORPORATION  
1200 PINE ISLAND ROAD  
SUITE 250  
PLANTATION, FL 33324 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: SIGNATURE ON FILE THROUGH MAIL

07/12/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: P ( ) Delete  
Name: BYERS, MONTGOMERY L JR.  
Address: 111 EAST LEE RD  
City-St-Zip: DELRAY BEACH, FL 33445

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MEDS UNLIMITED, LLC,  
Address: 2255 GLADES ROAD  
City-St-Zip: BOCA RATON, FL 33431

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: SIGNATURE ON FILE THROUGH MAIL

PRSD

07/12/2004

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