

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000022364

1. Entity Name
NEBMED PHARMACY LLC



Principal Place of Business
**3222 S. DIXIE HWY, SUITE A
WEST PALM BEACH, FL 33405**

Mailing Address
**3222 S. DIXIE HWY, SUITE A
WEST PALM BEACH, FL 33405**



03232004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1661112

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RUSSO, MICHAEL J
3222 S. DIXIE HWY
WEST PALM BEACH, FL 33405**

**DO NOT WRITE
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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CEOP
CORDING, JEFF
15356 ALEXANDER RUN
BOCA RATON, FL 33481**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
RUSSO, MICHAEL J
1412 LAKE BASS DR.
BOCA RATON, FL 33481**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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000000099053
03/29/04-80068-001 50.00

**DO NOT WRITE
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)(i), 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: *Michael J Russo*

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

3/29/04 (561) 655-5881

Date

Daytime Phone #