

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027981

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: PRESCRIPTION SHOPPES, LLC

**Current Principal Place of Business:**

114 BROADWAY  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

14032 CHICORA CROSSING BLVD  
ORLANDO, FL 32828

**New Mailing Address:**

114 BROADWAY  
KISSIMMEE, FL 34741

FEI Number: 05-0550263

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AMIN, SAMIR V MGR  
14032 CHICORA CROSSING BLVD  
ORLANDO, FL 32828 US

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

AMIN, SAMIR V MGR  
3690 AVALON PARK BLVD. W.  
ORLANDO, FL 32828 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:

01/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: AMIN, SAMIR V MGR  
Address: 14032 CHICORA CROSSING BLVD  
City-St-Zip: ORLANDO, FL 32828

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: AMIN, SAMIR V MGR  
Address: 3690 AVALON PARK BLVD. W.  
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SAMIR V. AMIN

MGR.

01/16/2009

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