

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028106

FILED  
Apr 20, 2004  
Secretary of State

Entity Name: DMD PHARMACY SERVICES, LLC

## Current Principal Place of Business:

110 CENTURY BLVD.  
FIRST FLOOR  
WEST PALM BEACH, FL 33417

## New Principal Place of Business:

## Current Mailing Address:

110 CENTURY BLVD.  
FIRST FLOOR  
WEST PALM BEACH, FL 33417

## New Mailing Address:

2972 NW 62ND STREET  
FORT LAUDERDALE, FL 33309

FEI Number: 22-3879516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROMBRO, DAVID W  
2386 NORTH WEST 49TH LANE  
BOCA RATON, FL 33431

## 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/MEMBERS:

Title: MGRM ( ) Delete  
Name: ROMERO, DAVID W  
Address: 2386 N.W. 49TH LANE  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Delete  
Name: KOTLARSKY, SAMUEL  
Address: 4883 FOX HUNT TRAIL  
City-St-Zip: BOCA RATON, FL 33487

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ROMBRO, DAVID W  
Address: 2386 N.W. 49TH LANE  
City-St-Zip: BOCA RATON, FL 33431

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID W. ROMBRO

MGRM

04/20/2004

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