

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000028106

**FILED**  
**Apr 03, 2010**  
**Secretary of State**

**Entity Name:** DMD PHARMACY SERVICES, LLC

**Current Principal Place of Business:**

13460 SW 10TH STREET  
SUITE 101  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

2386 NW 49TH LANE  
BOCA RATON, FL 33431

**Current Mailing Address:**

2386 NW 49TH LANE  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 22-3879516

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

**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/MANAGERS:**

**Title:** MGRM  
**Name:** ROMBRO, DAVID W  
**Address:** 2386 N.W. 49TH LANE  
**City-St-Zip:** BOCA RATON, FL 33431

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

I hereby 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

04/03/2010

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