

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000028974

Entity Name: PHARM SOURCE, LLC

**FILED**  
**Apr 24, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

3001 S.W. THIRD AVENUE  
MIAMI, FL 33129

**New Principal Place of Business:**

**Current Mailing Address:**

3001 S.W. THIRD AVENUE  
MIAMI, FL 33129

**New Mailing Address:**

FEI Number: 27-0050432

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARKO, DAVID E ESQ.  
DE LA O & MARKO, P.A.  
3001 S.W. THIRD AVENUE  
MIAMI, FL 33129 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: MGR ( ) Delete  
Name: SOTOMAYOR, JOSE A  
Address: 5161 COLLINS AVE. APT PH-F  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES:**

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 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: JOSE SOTOMAYOR

MGR

04/24/2006

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