


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90043 034 ****50.00

DOCUMENT # L03000001335	
1. Entity Name MEDICATIONS BY MAIL SAVINGS, LLC	

Principal Place of Business C/O JOSEPH D. SYDNOR, CPA 1005 KANE CONCOURSE, SUITE 203 BAY HARBOR ISLANDS, FL 33154	Mailing Address C/O JOSEPH D. SYDNOR, CPA 1005 KANE CONCOURSE, SUITE 203 BAY HARBOR ISLANDS, FL 33154
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2. Principal Place of Business 9595 Collins Ave Suite, Apt. #, etc. 509	3. Mailing Address 2320 Hollywood Blvd Suite, Apt. #, etc.
City & State Surfside FL	City & State Hollywood FL
Zip 33154	Country USA
Zip 33020	Country

01082004 Chg-LLC CR2E083 (10/03)

4. FEI Number APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LICKSTEIN, FRED K ESQ. 100 S.E. 2ND STREET, 17TH FLOOR MIAMI, FL 33131	
7. Name and Address of New Registered Agent Name Sanford C. King Street Address (P.O. Box Number is Not Acceptable) 2320 Hollywood Blvd City Hollywood FL Zip Code 33020	

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.

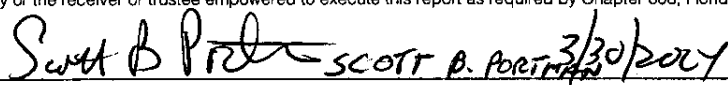
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **4/23/04**

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER SCOTT B. PORTMAN 9595 COLLINS AVE #509 SURFSIDE FL. 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **SCOTT B. PORTMAN** 3/30/2004 305 216-7281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone