

DOCUMENT# L03000001939

Entity Name: PHARMA DELIVERY SYSTEMS, LLC

New Principal Place of Business:

New Mailing Address:

Certificate of Status Desired ()

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: PRES () Delete
Name: CLARK, JAMES L III
Address: 1143 MALLARD MARSH DR
City-St-Zip: OSPREY, FL 34229

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 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: JAMES L CLARK III

PRES

04/14/2009

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