2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Feb 10, 2005
Secretary of State

DOCUMENT# L03000005375

Entity Name: CANADIAN DISCOUNT DRUGS, LLC

Current Principal Place of Business:

2710 EAST OAKLAND PARK BLVD.
1
FT. LAUDERDALE, FL 33306 US

New Principal Place of Business:

2787 EAST OAKLAND PARK BLVD.
401
FT. LAUDERDALE, FL 33306 US

Current Mailing Address:

2710 EAST OAKLAND PARK BLVD.
1
FT. LAUDERDALE, FL 33306 US

New Mailing Address:

2787 EAST OAKLAND PARK BLVD.
401
FT. LAUDERDALE, FL 33306 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WISEMAN, ROBERT L
2701 EAST OAKLAND PARK BLVD.
1
FT. LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

WISEMAN, ROBERT L
2787 EAST OAKLAND PARK BLVD.
401
FT. LAUDERDALE, FL 33306 US

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: ROBERT L. WISEMAN 02/10/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: WISEMAN, ROBERT L
Address: 2787 E. OAKLAND PARK BLVD 401
City-St-Zip: FT. LAUDERDALE, FL 33306

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: ROBERT L. WISEMAN MGR 02/10/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date