

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007483

FILED  
Mar 22, 2004  
Secretary of State

Entity Name: MEDSTORE, L.L.C.

## Current Principal Place of Business:

1825 MAIN STREET, SUITE 201  
WESTON, FL 33326

## New Principal Place of Business:

2700 GLADES CIRCLE  
SUITE 112  
WESTON, FL 33327

## Current Mailing Address:

1825 MAIN STREET, SUITE 201  
WESTON, FL 33326

## New Mailing Address:

2700 GLADES CIRCLE  
SUITE 112  
WESTON, FL 33327

FEI Number: 01-0771105

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ROQUE, SUSANA ESQ  
C/O CUEVAS & RUBIN, P.A.  
536 BILTMORE WAY  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

ROQUE, SUSANA ESQ  
25 S.E. 2ND AVENUE  
SUITE 714  
MIAMI, FL 33131 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:

03/22/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: PT ( ) Delete  
Name: GARCIA, FRANCISCO  
Address: 1825 MAIN STREET, SUITE 201  
City-St-Zip: WESTON, FL 33326

Title: VS ( ) Delete  
Name: LEON, GUILLERMO  
Address: 1825 MAIN STREET, SUITE 201  
City-St-Zip: WESTON, FL 33326

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: GARCIA, FRANCISCO  
Address: 2700 GLADES CIRCLE, SUITE 112  
City-St-Zip: WESTON, FL 33327

Title: MGRM (X) Change ( ) Addition  
Name: LEON, GUILLERMO  
Address: 2700 GLADES CIRCLE, SUITE 112  
City-St-Zip: WESTON, FL 33327

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: LEON GUILLERMO

MGRM

03/22/2004

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