

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007483

FILED
Mar 12, 2005
Secretary of State

Entity Name: MEDSTORE, L.L.C.

Current Principal Place of Business:

2700 GLADES CIRCLE
SUITE 112
WESTON, FL 33327

New Principal Place of Business:

2189 SALERNO CIRCLE
WESTON, FL 33327 US

Current Mailing Address:

2700 GLADES CIRCLE
SUITE 112
WESTON, FL 33327

New Mailing Address:

2189 SALERNO CIRCLE
WESTON, FL 33327 US

FEI Number: 01-0771105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GARCIA, FRANCISCO J DIR
02189 SALERNO CIRCLE
WESTON, FL 33327 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: FRANCISCO J. GARCIA

03/12/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GARCIA, FRANCISCO J DIR
Address: 2189 SALERNO CIRCLE
City-St-Zip: WESTON, FL 33327 US

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 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: FRANCISCO J. GARCIA

DIR

03/12/2005

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