

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 27 AM 9:31

DOCUMENT # L03000009741.

1. Entity Name
CHRONIC CARE PHARMACEUTICAL SERVICES, LLC



Principal Place of Business
17321 SW 58TH ST
SW RANCHES, FL 33331

Mailing Address
17321 SW 58TH ST
SW RANCHES, FL 33331

2. Principal Place of Business

6361 SW 38 Court

3. Mailing Address

6361 SW 38 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06152005

REIN-LLC

CR2E101 (6/04)

City & State

DAVIE, Florida

City & State

DAVIE, Florida

4. FEI Number

33-1050542

Applied For

Not Applicable

Zip

Country

33314

Zip

Country

33314

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, RANDI A
17321 SW 58TH ST
SW RANCHES, FL 33331

7. Name and Address of New Registered Agent

Name

JEFFREY A. SARROW

Street Address (P.O. Box Number is Not Acceptable)

300 South Pine Island Road

Suite 304

City

Plantation

FL

Zip Code

33324

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

June 17, 2005

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BIANCO, LOUIS
17210 SW 58TH ST
SW RANCHES, FL 33331

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400056526604
06/27/05--01004--026 **100.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 04-05

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

6/15/05 678-492-1492