

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90029 035 ****50.00

DOCUMENT # L03000009741

1. Entity Name
CHRONIC CARE PHARMACEUTICAL SERVICES, LLC



Principal Place of Business
6361 SW 38TH COURT
DAVIE, FL 33314

Mailing Address
6361 SW 38TH COURT
DAVIE, FL 33314

60050166



01112007 Chg-LLC CR2E083 (12/06)

4. FEI Number
33-1058542

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

SARROW, JEFFREY A
300 SOUTH PINE ISLAND ROAD
SUITE 304
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 JEFFREY A. SARROW

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

(NOTE: Registered Agent signature required when reinstating)

4/26/07

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS **340 INMAN PL**
CITY-ST-ZIP **ROSWELL, GA 30075**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/26/07

Date

678-492-1492

Daytime Phone #