

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009741

FILED
Jun 23, 2009
Secretary of State

Entity Name: CHRONIC CARE PHARMACEUTICAL SERVICES, LLC

Current Principal Place of Business:

6361 SW 38TH COURT
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

6361 SW 38TH COURT
DAVIE, FL 33314

New Mailing Address:

FEI Number: 33-1058542 FEI Number Applied For () FEI Number Not Applicable () 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:

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BIANCO, LOUIS
Address: 340 INMAN PL
City-St-Zip: ROSWELL, GA 30075

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LOUIS BIANCO

MGR

06/23/2009

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