

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000009741

FILED
Oct 06, 2010
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:

1725 NW 79 AVENUE
DORAL, FL 33126

Current Mailing Address:

6361 SW 38TH COURT
DAVIE, FL 33314

New Mailing Address:

1725 NW 79 AVENUE
DORAL, FL 33126

FEI Number: 33-1058542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: JEFFREY A. SARROW

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

I hereby 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 D. BIANCO

CEO

10/06/2010

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