

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017756

FILED
Jan 23, 2009
Secretary of State

Entity Name: COMMCARE PHARMACY - WPB, LLC

Current Principal Place of Business:

1689 FORUM PLACE
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

2817 EAST OAKLAND PARK BOULEVARD
SUITE 303
FORT LAUDERDALE, FL 33306 US

New Mailing Address:

FEI Number: 20-1216403 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SARANITI, NICHOLAS
2817 EAST OAKLAND PARK BLVD
SUITE 303
FORT LAUDERDALE, FL 33306 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NS3 HEALTH, LLC,
Address: 2817 EAST OAKLAND PARK BLVD #303
City-St-Zip: FORT LAUDERDALE, FL 33306 US

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: NICHOLAS M SARANITI

MGRM

01/23/2009

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