


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90276 047 \*\*\*\*50.00

<b>DOCUMENT #</b> L03000019219	
1. Entity Name ALTERNATIVE PHARMACEUTICAL SERVICES LLC	

Principal Place of Business <i>SEE ADDRESS CHANGES</i>	Mailing Address
3323 NORTH KEY DR. UNIT E 14 NORTH FORT MYERS, FL 33903 US	3323 NORTH KEY DR. UNIT E 14 NORTH FORT MYERS, FL 33903 US

2. Principal Place of Business - No P.O. Box # <i>13325 MARQUETTE BLVD.</i>	3. Mailing Address <i>13325 MARQUETTE BLVD.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>FORT MYERS FL</i>	City & State <i>FORT MYERS FL</i>
Zip <i>33905</i>	Zip <i>33905</i>
Country <i>US</i>	Country <i>US</i>



02202007 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DALY, MICHAEL 13325 MARQUETTE BLVD. FORT MYERS, FL 33905	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 *Michael Daly (MICHAEL DALY)* DATE *02/20/07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DALY, MICHAEL 13325 MARQUETTE BLVD. FORT MYERS, FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael Daly (MICHAEL DALY)* DATE *02/20/07* 239-6900829

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