

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000021860

1. Entity Name
RENAL PHARMACY SERVICES, LLC



Principal Place of Business
**19559 NORTHEAST 10TH AVE
NORTH MIAMI BEACH, FL 33179**

Mailing Address
**19559 NORTHEAST 10TH AVE
NORTH MIAMI BEACH, FL 33179**



02042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0050159

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BIRNBAUM, MARC P.A.
1041 IVES DAIRY RD
STE 228
MIAMI, FL 33179**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000831534
02/27/08-80024-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PDA HOLDINGS OF FLORIDA, INC
19559 NORTHEAST 10TH AVE
NORTH MIAMI BEACH, FL 33179**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JACOB, ALLAN
4345 N MERIDIAN AVE
MIAMI BEACH, FL 33140**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
FERNANDEZ, ARTURO
2021 NW 178 TERR
PEMBROKE PINES, FL 33029**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

2/4/08

Date

305 651 3261

Daytime Phone #