


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90048 011 \*\*\*\*50.00


<b>DOCUMENT # L03000025036</b>	
1. Entity Name <b>DISCOUNT PRESCRIPTION CENTER LLC</b>	

Principal Place of Business <b>10770 S US 1 PORT ST. LUCIE, FL 34952</b>	Mailing Address <b>10770 S US 1 PORT ST. LUCIE, FL 34952</b>
---	---

2. Principal Place of Business <b>10554 S US 1</b>	3. Mailing Address <b>10554 S US 1</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Port St Lucie, FL</b>	City & State <b>Port St Lucie, FL</b>
Zip <b>34952</b>	Zip <b>34952</b>
Country <b>St Lucie</b>	Country <b>St Lucie</b>

**40003890**



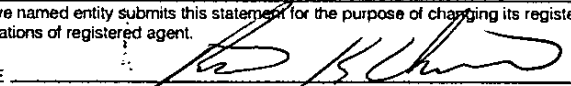
01162006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>41-2101947</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>DUMONT, ROBERT K 226 SW MOSELLE AVE PORT ST. LUCIE, FL 34952</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
--	---

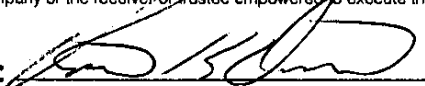
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DUMONT, ROBERT K MGR 10770 S.U.S 1 PORT ST LUCIE, FL 34952</b> <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
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
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
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
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:**  **1-16-05** **772**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # **370-6308**