2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 21, 2005
Secretary of State

DOCUMENT# L03000028791

Entity Name: PHARM RX, LLC

Current Principal Place of Business:

2801 PONCE DE LEON, STE. 1060
CORAL GABLES, FL 33134

New Principal Place of Business:

4000 PONCE DE LEON BLVD.
SUITE 650
CORAL GABLES, FL 33146

Current Mailing Address:

2801 PONCE DE LEON, STE. 1060
CORAL GABLES, FL 33134

New Mailing Address:

4000 PONCE DE LEON BLVD.
SUITE 650
CORAL GABLES, FL 33146

FEI Number: 41-2109367 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PEREZ, MARTINIANO J
2801 PONCE DE LEON, STE. 1060
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PEREZ, MARTINIANO J
4000 PONCE DE LEON BLVD.
SUITE 650
CORAL GABLES, FL 33146 US

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: _____ 06/21/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MARTINIANO, PEREZ J
Address: 12224 SW 101 TERR.
City-St-Zip: MIAMI, FL 33185

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MARTINIANO, PEREZ J
Address: 4000 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARTINIANO PEREZ MGR 06/21/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date