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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14013160

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000016259

1. Entity Name
MED EX PHARMACY SERVICES, LLC

Principal Place of Business	Mailing Address
4875 CASON COVE DRIVE ORLANDO, FL 32811	4875 CASON COVE DRIVE ORLANDO, FL 32811

2. Principal Place of Business	3. Mailing Address
1445 E. AIRPORT BLVD	1445 E. AIRPORT BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SANFORD, FL	City & State: SANFORD FL
Zip: 32773 / Country: U.S.	Zip: 32773 / Country: U.S.

04042005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0980241 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOYLES, WILLIAM A 301 E. PINE STREET SUITE 1400 ORLANDO, FL 32801	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 [signature] 4-28-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 1556 INVESTORS, INC. 4875 CASON COVE DRIVE ORLANDO, FL 32811 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 1556 INVESTORS, INC 1445 E. AIRPORT BLVD SANFORD FL 32773 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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] 4-28-05 (407) 708-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #