

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000016259**

1. Entity Name

**MED EX PHARMACY SERVICES, LLC**



Principal Place of Business

**1445 E. AIRPORT BLVD.  
SANFORD, FL 32773**

Mailing Address

**1445 E. AIRPORT BLVD.  
SANFORD, FL 32773**



02062006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0980241**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

8. Name and Address of Current Registered Agent

**BOYLES, WILLIAM A  
301 E. PINE STREET  
SUITE 1400  
ORLANDO, FL 32801**

**DO NOT WRITE  
IN THIS SPACE**

6. 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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	1556 INVESTORS, INC.
STREET ADDRESS	1445 E. AIRPORT BLVD.
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000432779  
02/23/06-80081-011 50.00

**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 this 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

**2-6-06 (407) 708-7200**

Date

Daytime Phone #