

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016259

**FILED**  
**Mar 22, 2007**  
**Secretary of State**

**Entity Name:** MED EX PHARMACY SERVICES, LLC

**Current Principal Place of Business:**

1445 E. AIRPORT BLVD.  
SANFORD, FL 32773

**New Principal Place of Business:**

**Current Mailing Address:**

1445 E. AIRPORT BLVD.  
SANFORD, FL 32773

**New Mailing Address:**

**FEI Number:** 20-0980241

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: 1556 INVESTORS, INC.,  
Address: 1445 E. AIRPORT BLVD.  
City-St-Zip: SANFORD, FL 32773

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROBERT BELL

PRES

03/22/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date