L05000021593

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000238209 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : SHUTTS & BOWEN LLP HEALTH LAW GROUP II
Account Number : I20050000022
Phone : (305)347-7352
Fax Number : (305)347-7854

RECEIVED
05 OCT -7 AM 11:51
DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

CADUCEUS PHARMACY LLC

Certificate of Status	0
Certified Copy	0
Page Count	~~01~~ 2
Estimated Charge	~~$200.00~~

50.00

Electronic Filing Menu Corporate Filing Public Access Help

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000021593

1. Entity Name
CADUCEUS PHARMACY LLC

Principal Place of Business	Mailing Address
660 NORTH STATE ROAD 7 SUITE 3 PLANTATION, FL 33317	660 NORTH STATE ROAD 7 SUITE 3 PLANTATION, FL 33317

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

09292005 REIN-LLC CR2E101 (6/04)

4. FEI Number 34-2149129 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUTHMAN, KAREN
12350 NW 23 CT
PLANTATION, FL 33323

7. Name and Address of New Registered Agent

Name: Marilyn Morrison

Street Address (P.O. Box Number is Not Acceptable):
X 407 coconut palm TERR

City: Plantation FL Zip Code: 33324

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: X [signature] 10/04/05
Signature, titled or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstated. DATE

FILE NOW!!! Fee is $80.00 After January 1, 2006, Fee will be $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive this prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBER/MANAGER			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Registered Agent Karen Ruthman 12350 NW 23 Court Plantation, FL 33323	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Marilyn Morrison 660 North State Rd 7 STE #3 Plantation FL 33317	☐ 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	REINSTATEMENT 2005	☐ 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 605, Florida Statutes.

SIGNATURE: X [signature], MGRM 10/04/05
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #