2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007
Secretary of State

DOCUMENT# L04000030050

Entity Name: WELLSCRIPTS LLC

Current Principal Place of Business:

2024 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

801 N. MAGNOLIA AVENUE
210
ORLANDO, FL 32803

New Mailing Address:

801 N. MAGNOLIA AVENUE
405
ORLANDO, FL 32803

FEI Number: 03-0467910 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IRISH, REBECCA R
801 N. MAGNOLIA AVENUE
210
ORLANDO, FL 32803 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:	PRES	( ) Delete
Name:	KUHNERT, LAWRENCE R	
Address:	405 5TH AVENUE SOUTH, SUITE 6	
City-St-Zip:	NAPLES, FL 34102	
Title:	SEC	( ) Delete
Name:	IRISH, REBECCA R	
Address:	801 N. MAGNOLIA AVENUE, SUITE 210	
City-St-Zip:	ORLANDO, FL 32803	
Title:	TRES	( ) Delete
Name:	IRISH, REBECCA R	
Address:	801 N. MAGNOLIA AVENUE, SUITE 210	
City-St-Zip:	ORLANDO, FL 32803	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: REBECCA IRISH SEC 01/24/2007

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