2005 LIMITED LIABILITY COMPANY

CITY-ST-ZIP

limited liability company or the

Apr 28, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L04000045668** 04-28-2005 90025 033 ****55.00 1. Entity Name PHARMACEUTICAL ASSISTANCE PROGRAM LLC 14002818 Principal Place of Business Mailing Address 1408 LAWRENCE PLACE 1408 LAWRENCE PLACE JACKSONVILLE, FL 32211 US JACKSONVILLE, FL 32211 US 2. Principal Place of Business 408 LAWRENCO CR2E083 (10/03) 4. FEI Number 7 TAX ID Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent CREWS, MICHAEL 11628 FLYNN ROAD JACKSONVILLE, FL 3222 8. The above named entity submits this statement for the purpose of changing its registered office registered agent, or both, in the State of Florida. I am familiar with, and accepthe obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CREWS, BARBARA NAME STREET ADDRESS 1408 LAWRENCE PLACE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32211 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change Addition CREWS, MICHAEL NAME STREET ADDRESS 11628 FLYNN ROAD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32223 CITY-ST-ZIP HILE ☐ Dolete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition HAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling does not quality 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 limited liability company or the prever or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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