2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Feb 19, 2008
Secretary of State

DOCUMENT# L04000045668

Entity Name: PHARMACEUTICAL ASSISTANCE PROGRAM LLC

Current Principal Place of Business:

1408 LAURENCE PL
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

1408 LAWRENCE PLACE
JACKSONVILLE, FL 32211 US

Current Mailing Address:

1408 LAURENCE PL
JACKSONVILLE, FL 32211 US

New Mailing Address:

1408 LAWRENCE PLACE
JACKSONVILLE, FL 32211 US

FEI Number: 27-0100234 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOY, JENNIFER
13328 GROVE ROAD
JACKSONVILLE, FL 32226 US

Name and Address of New Registered Agent:

HOY, JENNIFER
2365 DUNN CREEK CEMETARY ROAD
JACKSONVILLE, FL 32218 US

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: JENNIFER HOY 02/19/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CREWS, BARBARA
Address: 1408 LAWRENCE PLACE
City-St-Zip: JACKSONVILLE, FL 32211 US

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 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: BARBARA CREWS MNGR 02/19/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date