

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 14, 2006 8:00 am
Secretary of State

09-14-2006 90051 014 ****50.00

DOCUMENT # L04000057468

1. Entity Name
MEDICATION MANAGEMENT CONSULTANTS LLC



Principal Place of Business
**3501 TOWN AVE
NEW PORT RICHEY, FL 34655**

Mailing Address
**3501 TOWN AVE
NEW PORT RICHEY, FL 34655**

40104163



2. Principal Place of Business

4040 NEW BROAD CIRCLE

Suite, Apt. #, etc.

APT # 212

City & State

DAVIEP, FLORIDA

Zip

32765

Country

USA

3. Mailing Address

4040 NEW BROAD CIRCLE

Suite, Apt. #, etc.

APT # 212

City & State

DAVIEP, FLORIDA

Zip

32765

Country

USA

09062006 Chg-LLC CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COLLINS, HENRY RICHARD
3501 TOWN AVE
NEW PORT RICHEY, FL 34655**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Henry Richard Collins, HENRY RICHARD COLLINS

9-7-06
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by September 15, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
COLLINS, HENRY RICHARD
3501 TOWN AVE
NEW PORT RICHEY, FL 34655** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
**4040 NEW BROAD CIRCLE APT #212
DAVIEP, FLORIDA 32765**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE: Henry Richard Collins, HENRY RICHARD COLLINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9-7-06
Date

727-644-3861
Daytime Phone #