

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082816

Entity Name: PHARMAUSA, LLC

FILED
Mar 21, 2007
Secretary of State

Current Principal Place of Business:

3210 WHIRL A WAY TRAIL
TALLAHASSEE, FL 32309 US

Current Mailing Address:

3210 WHIRL A WAY TRAIL
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

20646 N.E. JIM DURHAM RD
#14
BLOUNTSTOWN, FL 32424 US

New Mailing Address:

20646 N.E. JIM DURHAM RD
#14
BLOUNTSTOWN, FL 32424 US

FEI Number: 20-2126976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFKILL, LORNA G
3210 WHIRL A WAY TRAIL
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

SIZEMORE, MISTY L
20646 N.E. JIM DURHAM RD
#14
BLOUNTSTOWN, FL 32424 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: MISTY L. SIZEMORE

03/21/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WOLFKILL, LORNA G
Address: 3210 WHIRL A WAY TRAIL
City-St-Zip: TALLAHASSEE, FL 32309 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SIZEMORE, MISTY L
Address: 20646 N.E. JIM DURHAM RD. #14
City-St-Zip: BLOUNTSTOWN, FL 32424 US

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: MISTY L. SIZEMORE

MGRM

03/21/2007

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