

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094152

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** SEDANOS PHARMACY MANAGEMENT, LLC

**Current Principal Place of Business:**

3900 NW 79TH AVENUE  
SUITE 608  
MIAMI, FL 33166

**New Principal Place of Business:**

1390 SOUTH DIXIE HWY  
SUITE 2120  
CORAL GABLES, FL 33146

**Current Mailing Address:**

3900 NW 79TH AVENUE  
SUITE 608  
MIAMI, FL 33166

**New Mailing Address:**

1390 SOUTH DIXIE HWY  
SUITE 2120  
CORAL GABLES, FL 33146

**FEI Number:** 65-0161285

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARAZOZA & FERNANDEZ-FRAGA, P.A.  
2100 SALZEDO STREET STE 300  
CORAL GABLES, FL 33134 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: MGR ( ) Delete  
Name: GUERRA, ARMANDO J  
Address: 3900 NW 79TH AVENUE STE. 608  
City-St-Zip: MIAMI, FL 33106

Title: MGR ( ) Delete  
Name: CUERVO, LEO  
Address: 3900 NORTHWEST 79TH AVENUE SUITE 608  
City-St-Zip: MIAMI, FL 33166

**ADDITIONS/CHANGES:**

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 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:** ARMANDO J GUERRA

MGR

04/30/2009

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