

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003825

FILED
Aug 09, 2007
Secretary of State

Entity Name: THE WORKERS PHARMACY, LLC

Current Principal Place of Business:

1825 PONCE DE LEON BLV.
SUITE 456
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1825 PONCE DE LEON BLV.
SUITE 456
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 32-1027955 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:

Name and Address of New Registered Agent:

VELASQUEZ, CARLOS A P.A.
8181 WEST BROWARD BLVD.
SUITE 380
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FREUND, IRWIN
Address: 1825 PONCE DE LEON # 456
City-St-Zip: CORAL GABELS, FL 33134

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: RONALD DEMEO

MGRM

08/09/2007

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