

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003825

FILED  
Feb 13, 2008  
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:

401 S.W. LEJEUNE ROAD  
SUITE 200  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

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

## New Mailing Address:

P.O. BOX 14-0817  
CORAL GABLES, FL 33114 US

FEI Number: 32-1027955

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

DEMEO, RONALD F M.D.  
401 S.W. LEJEUNE ROAD  
SUITE 200  
CORAL GABLES, FL 33134 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: RONALD F. DEMEO

02/13/2008

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: MGR (X) Change ( ) Addition  
Name: DEMEO, RONALD F MD  
Address: 401 S.W. LEJEUNE ROAD, SUITE 200  
City-St-Zip: CORAL GABLES, FL 33134 US

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 F. DEMEO

MGR

02/13/2008

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