

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000003825

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** THE WORKERS PHARMACY, LLC

**Current Principal Place of Business:**

6 ARAGON AVENUE  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 21026  
FT. LAUDERDALE, FL 33335 US

**New Mailing Address:**

**FEI Number:** 32-1027955

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEMEO, RONALD F M.D.  
6 ARAGON AVENUE  
CORAL GABLES, FL 33134 US

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

CAHLIN, RICHARD  
1001 BRICKELL BAY DRIVE, SUITE 1400  
MIAMI, FL 33131 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: RICHARD CAHLIN

04/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: D  
Name: CAHLIN, RICHARD  
Address: 1001 BRICKELL BAY DRIVE, SUITE 1400  
City-St-Zip: MIAMI, FL 33131 US

I hereby 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: RICHARD CAHLIN

D

04/26/2011

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