



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000011924 1. Entity Name FREEDOM RX MANAGERS, LLC	
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Principal Place of Business 600 FAIRWAY DRIVE 204/206 DEERFIELD BEACH, FL 33441	Mailing Address 600 FAIRWAY DRIVE 204/206 DEERFIELD BEACH, FL 33441
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DO NOT WRITE IN THIS SPACE


01222008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2614497	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FOREMNY, BRIAN ESQ.
C/O ATKINSON, DINOR, ET AL
100 S.E. 3RD AVE., SUITE 1400
FT. LAUDERDALE, FL 33394**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

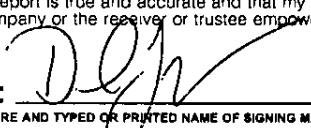
U000000803333
02/05/08-80020-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AL HOLDINGS, INC. 8220 IRVING RD. STERLING HEIGHTS, MI 48312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FREEDOM HEALTH SYSTEMS, INC. 600 FAIRWAY DRIVE, SUITE 204/206 DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **President Al Holding Inc. 1/21/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # **566-6934542**