

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016471

FILED  
Apr 14, 2006  
Secretary of State

**Entity Name:** PHARMACEUTICAL COMPLIANCE SOLUTIONS, LLC

**Current Principal Place of Business:**

3451 AUGUSTINE RD.  
SPRING HILL, FL 34609

**New Principal Place of Business:**

**Current Mailing Address:**

2260 RIVERSIDE DR. N.  
CLEARWATER, FL 33764

**New Mailing Address:**

**FEI Number:** 84-1708271

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ASH, MARGARET  
3460 AUGUSTINE RD.  
SPRING HILL, FL 34609 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: MGRM ( ) Delete  
Name: BAKER, STEVE H  
Address: 2260 RIVERSIDE DR. N.  
City-St-Zip: CLEARWATER, FL 33764

Title: MGRM ( ) Delete  
Name: ASH, CHRISTOPHER D  
Address: 3451 AUGUSTINE RD.  
City-St-Zip: SPRING HILL, FL 34609

**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 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:** STEVE BAKER

MGRM

04/14/2006

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