2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018620

FILED Apr 29, 2008 Secretary of State

Entity Name: REST ASSURED PHARMACY & HOME CARE ASSOCIATION, LLC

Current Principal Place of Business: New Principal Place of Business: 1350 22ND STREET SOUTH ST. PETERSBURG, FL 33712 US **Current Mailing Address: New Mailing Address:** 1350 22ND STREET SOUTH ST. PETERSBURG, FL 33712 US FEI Number: 01-0889390 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JACKSON, DENISE 1414 SENÉCA AVE TAMPA, FL 33612 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete JACKSON, DENISE Name: Name: Address: 1350 22ND STREET SOUTH Address: City-St-Zip: ST. PETERSBURG, FL 33712 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: HILL, RICHARD Name: Address: 1350 22ND STREET SOUTH Address: City-St-Zip: ST. PETERSBURG, FL 33712 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition MERCER, APRYL Name: Name: 12009 STONE CROSSING CIRCLE Address: Address: City-St-Zip: TAMPA, FL 33635 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: DENISE JACKSON MGR 04/29/2008