

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024821

Entity Name: FLORIDA DRX, LLC

FILED  
Apr 24, 2008  
Secretary of State

## Current Principal Place of Business:

520 NORTH LECANTO HIGHWAY  
LECANTO, FL 34461

## New Principal Place of Business:

520 N LECANTO HWY  
SUITE 200  
LECANTO, FL 34461

## Current Mailing Address:

70 NORTH LECANTO HIGHWAY  
LECANTO, FL 34461

## New Mailing Address:

70 N LECANTO HWY  
LECANTO, FL 34461

FEI Number: 20-2487043

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FALLOWS, C. MARK  
70 NORTH LECANTO HIGHWAY  
LECANTO, FL 34461 US

## Name and Address of New Registered Agent:

FALLOWS, C M  
70 N LECANTO HWY  
LECANTO, FL 34461 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: C M FALLOWS

04/24/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: FALLOWS, C.MARK  
Address: 520 NORTH LECANTO HIGHWAY  
City-St-Zip: LECANTO, FL 34461

Title: MGRM ( ) Delete  
Name: HASHIM, MARK N  
Address: 520 NORTH LECANTO HIGHWAY  
City-St-Zip: LECANTO, FL 34461

Title: MGR ( ) Delete  
Name: FALLOWS, JUDY  
Address: 520 NORTH LECANTO HIGHWAY  
City-St-Zip: LECANTO, FL 34461

Title: MGR ( ) Delete  
Name: HASHIM, CHRISTINE  
Address: 520 NORTH LECANTO HIGHWAY  
City-St-Zip: LECANTO, FL 34461

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: FALLOWS, C M  
Address: 520 N LECANTO HWY, SUITE 200  
City-St-Zip: LECANTO, FL 34461

Title: MGRM (X) Change ( ) Addition  
Name: HASHIM, MARK N  
Address: 520 N LECANTO HWY, SUITE 200  
City-St-Zip: LECANTO, FL 34461

Title: MGRM (X) Change ( ) Addition  
Name: FALLOWS, JUDITH L  
Address: 520 N LECANTO HWY, SUITE 200  
City-St-Zip: LECANTO, FL 34461

Title: MGR (X) Change ( ) Addition  
Name: HASHIM, CHRISTINE N  
Address: 520 N LECANTO HWY, SUITE 200  
City-St-Zip: LECANTO, FL 34461

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: C M FALLOWS

MGRM

04/24/2008

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