2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 23, 2006
Secretary of State

DOCUMENT# L05000025577

Entity Name: AMERIMED PHARMACEUTICAL SERVICES, LLC

Current Principal Place of Business:

3625 PARK CENTRAL BOULEVARD NORTH
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

3625 PARK CENTRAL BOULEVRAD NORTH
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 20-2751715 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SPAW, CHRISTIAN
2629 N.W. 68TH AVENUE
MARGATE, FL 33063 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: CS HEALTHCARE ENTERP, RISES, INC.
Address: 2629 N.W. 68TH AVENUE
City-St-Zip: MARGATE, FL 33064

ADDITIONS/CHANGES:

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: CHRISTIAN SPAW P 08/23/2006

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