2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025577

Entity Name: AMERIMED PHARMACEUTICAL SERVICES, LLC

FILED Jul 24, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3625 PARK CENTRAL BOULEVARD NORTH POMPANO BEACH, FL 33064

Current Mailing Address: New Mailing Address:

3625 PARK CENTRAL BOULEVRAD NORTH 3625 PARK CENTRAL BOULEVARD NORTH

POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33064

FEI Number: 20-2751715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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: Name and Address of New Registered Agent:

SPAW, CHRISTIAN

2629 N.W. 68TH AVENUE

MARGATE, FL 33063 US

GAISER, GREGORY G

14315 LINDEN DRIVE

SPRING HILL, FL 34609 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: GREGORY G. GAISER 07/24/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 CS HEALTHCARE ENTERP, RISES, INC.
 Name:
 GAISER, GREGORY G

 Address:
 2629 N.W. 68TH AVENUE
 Address:
 15315 LINDEN DRIVE

 City-St-Zip:
 MARGATE, FL 33064
 City-St-Zip:
 SPRING HILL, FL 34609

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: GREGORY G. GAISER MGRM 07/24/2007