

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000025577

FILED
Oct 10, 2007
Secretary of State

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 BOULEVARD NORTH
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 20-2751715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAISER, GREGORY G
14315 LINDEN DRIVE
SPRING HILL, FL 34609 US

Name and Address of New Registered Agent:

LLOYD, MARK D
3625 PARK CENTRAL BOULEVARD NORT
POMPANO BEACH, FL 33064 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: MARK D. LLOYD

10/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GAISER, GREGORY G
Address: 15315 LINDEN DRIVE
City-St-Zip: SPRING HILL, FL 34609

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LLOYD, MARK D
Address: 3625 PARK CENTRAL BOULEVARD NORTH
City-St-Zip: POMPANO BEACH, FL 33064

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: MARK D. LLOYD

MGR

10/10/2007

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