

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025577

FILED
Feb 22, 2008
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:

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

Name and Address of New Registered Agent:

SPAW, CHRISTIAN
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: CHRISTIAN SPAW

02/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SPAW, CHRISTIAN
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: CHRISTIAN SPAW

MGRM

02/22/2008

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