2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052856

Entity Name: PHARMACY CURRICULUM CONSULTANTS LLC

FILED Apr 17, 2007 Secretary of State

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

13 RYANT BLVD. 2135 N ROXBURY ROAD SEBRING, FL 33872 AVON PARK, FL 33825

Current Mailing Address: New Mailing Address:

13 RYANT BLVD. 2135 N ROXBURY ROAD SEBRING, FL 33872 AVON PARK, FL 33825

FEI Number: 20-4244597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DONALDSON, DEVON P 120 SOUTH ANOKA AVENUE AVON PARK, FL 33825 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:

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

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

 Name:
 GREENWALD, MARK
 Name:
 GREENWALD, MARK

 Address:
 13 RYANT BLVD.
 Address:
 PO BOX 70

 City-St-Zip:
 SEBRING, FL 33872
 City-St-Zip:
 AVON PARK, FL 33825

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: GREENWALD, CHRISTINE M Name: GREENWALD, CHRISTINE M

Address: 13 RYANT BLVD. Address: PO BOX 70

City-St-Zip: SEBRING, FL 33872 City-St-Zip: AVON PARK, FL 33825

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: MARK GREENWALD MGRM 04/17/2007