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Apr 24, 2006 8:00 am
Secretary of State
03-14-2006 90204 046 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000054970

1. Entity Name
CIMO PHARMACY, LLC

Principal Place of Business	Mailing Address
P.O. BOX 623157 OVIEDO, FL 32762-3157	P.O. BOX 623157 OVIEDO, FL 32762-3157

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01242006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2919606 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

A.G.C. CO.
ATTN: KAMRAN KHURSHID
200 S. ORANGE AVENUE, SUITE 2300
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jose Rebelo, [redacted] ☐ Change ☒ Addition 3924 Sunnybrook Court Orlando, FL 32820 managing member
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dora Rebelo, [redacted] ☐ Change ☒ Addition 3924 Sunnybrook Court Orlando, FL 32820 [redacted]
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Florencio Calderon ☐ Change ☒ Addition 3575 Foxcroft Circle Oviedo, FL 32765 [redacted]
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Kristine Calderon ☐ Change ☒ Addition 3575 Foxcroft Circle Oviedo, FL 32765 [redacted]
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Christopher Laursen ☐ Change ☒ Addition 2235 Eagle Pass Rd. Oviedo, FL 32765 [redacted]
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] 1/29/06 (407)568-5465

MEMBER OR MANAGER'S NAME AND TITLE OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — DATE — DAYTIME PHONE #