

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074219

FILED
Feb 16, 2008
Secretary of State

Entity Name: PHARMACY CONSULTING GROUP, LLC

Current Principal Place of Business:

784 WEST DEVONHURST LANE
PONTE VEDRA, FL 32081

New Principal Place of Business:

Current Mailing Address:

784 WEST DEVONHURST LANE
PONTE VEDRA, FL 32081

New Mailing Address:

FEI Number: 25-4118386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNETTE, RONALD J
787 WEST DEVONHURST LANE
PONTE VEDRA, FL 32081 US

Name and Address of New Registered Agent:

BURNETTE, RONALD J
784 WEST DEVONHURST LANE
PONTE VEDRA, FL 32081 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: RONALD J BURNETTE

02/16/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: VP () Delete
Name: BURNETTE, ANGELA K MRS
Address: 784 WEST DEVONHURST LANE
City-St-Zip: PONTE VEDRA, FL 32081

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: VP (X) Change () Addition
Name: BURNETTE, ANGELA K
Address: 784 WEST DEVONHURST LANE
City-St-Zip: PONTE VEDRA, FL 32081

Title: PRES () Change (X) Addition
Name: BURNETTE, RONALD J
Address: 784 WEST DEVONHURST LANE
City-St-Zip: PONTE VEDRA, FL 32081

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: ANGELA K BURNETTE

VP

02/16/2008

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