

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079775

FILED  
Mar 21, 2009  
Secretary of State

Entity Name: FIRST CHOICE RX - INFUSION, LLC.

**Current Principal Place of Business:**

111 NW 183RD STREET, SUITE 110  
MIAMI GARDENS, FL 33169 US

**New Principal Place of Business:**

**Current Mailing Address:**

111 NW 183RD STREET, SUITE 110  
MIAMI GARDENS, FL 33169 US

**New Mailing Address:**

FEI Number: 04-3822939

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PRATTS, YOLANDA  
111 NW MIAMI GARDENS DR, SUITE 110  
MIAMI GARDENS, FL 33169 US

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

MCCRAY, MICHAEL N  
111 NW MIAMI GARDENS DR, SUITE 110  
MIAMI GARDENS, FL 33169 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: MICHAEL N. MCCRAY

03/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: MCCRAY, MICHAEL  
Address: 111 NW 183RD STREET, STE 110  
City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: VP ( ) Delete  
Name: PRATTS, YOLANDA  
Address: 111 NW 183RD STREET, STE 110  
City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: S ( ) Delete  
Name: ALLEGUE, AMELIA  
Address: 111 NW 183RD STREET, STE 110  
City-St-Zip: MIAMI GARDENS, FL 33169 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL N. MCCRAY

PRES

03/21/2009

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