

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087661

Entity Name: DOCTOR'S WEB RX, LLC

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

5961 BROKEN BOW LANE
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

5961 BROKEN BOW LANE
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 37-1515150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIECHOCKI, WALTER L
5961 BROKEN BOW LANE
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PIECHOCKI, WALTER L
Address: 5961 BROKEN BOW LANE
City-St-Zip: PORT ORANGE, FL 32127

Title: MGR () Delete
Name: MCLAUGHLIN, EDWARD
Address: 39 RIVER RIDGE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

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 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: EDWARD MCLAUGHLIN

MGR

04/25/2006

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