

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088916

FILED
Jan 18, 2006
Secretary of State

Entity Name: MEDS PLUS, LLC

Current Principal Place of Business:

PRESIDENTIAL CIRCLE
4000 HOLLYWOOD BLVD., SUITE 435 SOUTH
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

PRESIDENTIAL CIRCLE
4000 HOLLYWOOD BLVD., SUITE 435 SOUTH
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, MARK D ESQ.
PRESIDENTIAL CIRCLE
4000 HOLLYWOOD BLVD., SUITE 435 SOUTH
HOLLYWOOD, FL 33021 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: GANCI, PAUL
Address: 4000 HOLLYWOOD BLVD., STE. 435 SO.
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR () Delete
Name: DELVECCIO, RICHARD
Address: 4000 HOLLYWOOD BLVD., STE. 435 SO.
City-St-Zip: HOLLYWOOD, FL 33021

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: PAUL GANCI

MGR

01/18/2006

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