

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092307

FILED
Jan 16, 2007
Secretary of State

Entity Name: COMMCARE PHARMACY - MIA, LLC

Current Principal Place of Business:

1801 CORAL WAY
SUITE 115
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

1689 FORUM PLACE
WEST PALM BEACH, FL 33401

New Mailing Address:

2817 EAST OAKLAND PARK BOULEVARD
SUITE 303
FORT LAUDERDALE, FL 33306 18

FEI Number: 20-3531603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARANITI, NICHOLAS
1689 FORUM PLACE
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

SARANITI, NICHOLAS
2817 EAST OAKLAND PARK BLVD
SUITE 303
FORT LAUDERDALE, FL 33306 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: NICHOLAS SARANITI

01/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGMR () Delete
Name: NS3 HEALTH, LLC,
Address: 1689 FORUM PLACE
City-St-Zip: WEST PALM BEACH, FL 33401 US

ADDITIONS/CHANGES:

Title: MGMR (X) Change () Addition
Name: NS3 HEALTH, LLC,
Address: 2817 EAST OAKLAND PARK BLVD #303
City-St-Zip: FORT LAUDERDALE, FL 33306 US

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: NICHOLAS SARANITI

MGRM

01/16/2007

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