

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000092307

**FILED**  
**Apr 06, 2011**  
**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:**

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

**New Mailing Address:**

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

**FEI Number:** 20-1216403

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REGISTERED AGENTS OF FLORIDA, LLC  
100 S.E. SECOND STREET  
SUITE 2900  
MIAMI, FL 33131 US

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** DALE W. MORRIS, ASST. VICE PRESIDENT

04/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGMR  
**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 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:** ANNA-MARIE FORREST

SEC

04/06/2011

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