

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90115 044 \*\*\*\*50.00

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<b>DOCUMENT # L05000096097</b> 1. Entity Name <b>GOLDENCARE PHARMACEUTICAL &amp; IV, LLC</b>					
Principal Place of Business <b>2999 NE 191 STREET SUITE 905 AVENUTURA, FL 33180</b>			Mailing Address <b>2999 NE 191 STREET SUITE 905 AVENUTURA, FL 33180</b>		
2. Principal Place of Business - No P.O. Box # <b>4400 Biscayne Blvd</b>		3. Mailing Address <b>4400 Biscayne Blvd.</b>			
Suite, Apt. #, etc. <b>900</b>		Suite, Apt. #, etc. <b>900</b>			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>20-3646608</b>	
Zip <b>33137</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HELLMAN, MAYNARD J ESQ 2999 NE 191 STREET SUITE 905 AVENUTURA, FL 33180</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4400 Biscayne Blvd.</b> City <b>Miami</b> FL <b>33137</b>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">4/27/07</span> <small>Signature, typed or printed name of registered agent and date if applicable</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>FERNANDEZ, CHARLES M</b> <input type="checkbox"/> Delete <b>2999 NE 191 ST SUITE 905</b> <b>AVENTURA, FL 33180</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>4400 Biscayne Blvd. #900</b> <b>Miami, FL 33137</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.					
<b>SIGNATURE:</b>			<b>4/27/07</b> <b>305-777-1095</b> <small>Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #</small>		