

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104572

Entity Name: SELECTPLUSRX L.L.C.

FILED
Mar 02, 2006
Secretary of State

Current Principal Place of Business:

2582 S. MCGUIRE ROAD, SUITE 236
OCOOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

2582 S. MCGUIRE ROAD, SUITE 236
OCOOE, FL 34761

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, JEFFREY A
105 DOWN COURT
WIDERMERE, FL 34786 US

Name and Address of New Registered Agent:

WILSON, JEFFREY A
105 DOWN COURT
WIDERMERE, FL 34786 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: JEFFREY A. WILSON

03/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILSON, JENNIFER
Address: 105 DOWN COURT
City-St-Zip: WIDERMERE, FL 34786

Title: MGR () Delete
Name: WILSON, JEFFREY A
Address: 105 DOWN COURT
City-St-Zip: WIDERMERE, FL 34786

Title: MGRM () Delete
Name: CORMIER, STEPHANIE
Address: 905 REGENTS DRIVE EAST
City-St-Zip: MOBILE, AL 36609

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JEFFREY A. WILSON

PRES

03/02/2006

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