2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000107817

1. Entity Name
A & H RX, LLC

Principal Place of Business	Mailing Address
12116 CORTEZ BLVD. BROOKSVILLE, FL 34613	12116 CORTEZ BLVD. BROOKSVILLE, FL 34613

01042008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3744920
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MUSCA, DANIEL G ESQ.
PHELPS DUNBAR LLP
12004 RACE TRACK RD
TAMPA, FL 33626

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

000000781644
01/15/08-80043-004 138.75

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	ADIT, PATIDAR
STREET ADDRESS	8152 BRINEGAR CIR
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	MGRM
NAME	DUBAL, HEMAL
STREET ADDRESS	20014 NOB OAK AVE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	MGR
NAME	PATIDAR, KIRIT
STREET ADDRESS	8152 BRINEGAR CIR
CITY-ST-ZIP	TAMPA, FL 33647i
TITLE	MGR
NAME	AMIN, CHIRAG
STREET ADDRESS	20014 NOB OAK AVE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: KIRIT PATIDAR 1/4/08 352-592-1320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #