2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# L05000112766

Entity Name: MED-CARE RX PHARMACY, LLC

Current Principal Place of Business:

933 CLINT MOORE RD
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

933 CLINT MOORE RD
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 20-3764096 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVERMAN, STEVEN
3234 HARRINGTON DRIVE
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SILVERMAN, STEVEN
Address: 3234 HARRINGTON DRIVE
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM ( ) Delete
Name: SILVERMAN, LORI
Address: 3234 HARRINGTON DRIVE
City-St-Zip: BOCA RATON, FL 33496

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGMR ( ) Change (X) Addition
Name: PORUSH, DANIEL
Address: 3776 COVENTRY LANE
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify 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: STEVEN SILVERMAN MGMR 01/21/2009

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