

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000036883

**FILED**  
**May 15, 2007**  
**Secretary of State**

**Entity Name:** MEDICATION MISUSE PREVENTION SERVICES OF FLORIDA LLC

**Current Principal Place of Business:**

102 SEA OATS DRIVE #4H  
JUNO BEACH, FL 33408

**New Principal Place of Business:**

5500 MILITARY TRAIL  
22-299  
JUPITER, FL 33458

**Current Mailing Address:**

102 SEA OATS DRIVE #4H  
JUNO BEACH, FL 33408

**New Mailing Address:**

5500 MILITARY TRAIL  
22-299  
JUPITER, FL 33458

**FEI Number:** 20-4666973      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

EARL K. MALLORY, P.A.  
1907 COMMERCE LANE SUITE 104  
JUPITER, FL      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:** MGR      ( ) Delete  
**Name:** MEDICATION MISUSE PR, EVENTION SERVI C ES LLC  
**Address:** 102 SEA OATS DRIVE #4H  
**City-St-Zip:** JUNO BEACH, FL 33408

**ADDITIONS/CHANGES:**

**Title:** MGR      (X) Change ( ) Addition  
**Name:** MEDICATION MISUSE PR, EVENTION SERVI C ES LLC  
**Address:** 5500 MILITARY TRAIL  
**City-St-Zip:** JUPITER, FL 33458

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: LOUIS A. SERVIZIO

MGR

05/15/2007

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