

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000039470

Entity Name: MAI PHARMACY LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

1821 E COLONIAL DR
ORLANDO, FL 32803

New Principal Place of Business:

16 WINTERGREEN WAY
OCALA, FL 34482

Current Mailing Address:

16 WINTERGREEN WAY
OCALA, FL 34482

New Mailing Address:

FEI Number: 20-4949278 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:

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PHAN, DUC H
Address: 16 WINTERGREEN WAY
City-St-Zip: OCALA, FL 34482

Title: MGRM () Delete
Name: PHAN, LAURA L
Address: 16 WINTERGREEN WAY
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES:

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 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: DUC HT PHAN

MR

05/01/2008

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