

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121860

FILED  
Mar 02, 2010  
Secretary of State

**Entity Name:** NAVARRO DISCOUNT PHARMACIES, LLC.

**Current Principal Place of Business:**

9400 NW 104 STREET  
MEDLEY, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

9400 NW 104 STREET  
MEDLEY, FL 33178

**New Mailing Address:**

**FEI Number:** 76-0846596

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NAVARRO DISTRIBUTIION CENTER, LLC  
9400 NW 104 STREET  
MEDLEY, FL 33178 US

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

NAVARRO DISTRIBUTION CENTER, LLC  
9400 NW 104 STREET  
MEDLEY, FL 33178 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: JUAN ORTIZ

03/02/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RICO, JORGE  
Address: 9400 NW 104 STREET  
City-St-Zip: MEDLEY, FL 33178

Title: MGR  
Name: CABRERA, MARCIO  
Address: 9400 NW 104 STREET  
City-St-Zip: MEDLEY, FL 33178

Title: MGR  
Name: SALADRIGAS, CARLOS  
Address: 9400 NW 104TH STREET  
City-St-Zip: MEDLEY, FL 33178

Title: MGR  
Name: NAVARRO, MARCEL L  
Address: 9400 NW 104TH STREET  
City-St-Zip: MEDLEY, FL 33178

Title: MGR  
Name: NAVARRO, GABRIEL L  
Address: 9400 NW 104TH STREET  
City-St-Zip: MEDLEY, FL 33178

I hereby 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: JUAN ORTIZ

CFO

03/02/2010

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