

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000041180

Entity Name: RX CARE, LLC

FILED  
Apr 29, 2008  
Secretary of State

**Current Principal Place of Business:**

275 VALENCIA CIRCLE  
ST. PETERSBURG, FL 33716

**New Principal Place of Business:**

13733 U.S. HIGHWAY 441  
LADY LAKE, FL 32159

**Current Mailing Address:**

275 VALENCIA CIRCLE  
ST. PETERSBURG, FL 33716

**New Mailing Address:**

13733 U.S. HIGHWAY 441  
LADY LAKE, FL 32159

FEI Number: 20-8865326

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MUSCA, DANIEL G ESQ.  
12004 RACE TRACK ROAD  
TAMPA, FL 33626 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 (X) Delete  
Name: MEHTA, HARSH  
Address: 275 VALENCIA CIRCLE  
City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGRM ( ) Delete  
Name: SINGH, SATENDER  
Address: 275 VALENCIA CIRCLE  
City-St-Zip: ST. PETERSBURG, FL 33716

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: SINGH, SATENDER  
Address: 13733 U.S. HIGHWAY 441  
City-St-Zip: LADY LAKE, FL 32159

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: SATENDER SINGH

MGRM

04/29/2008

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