

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000059805

**FILED**  
**Nov 03, 2008**  
**Secretary of State**

**Entity Name:** FLORIDA PHARMCONSULT, L.L.C.

**Current Principal Place of Business:**

1112 NE 176TH TERRACE  
N. MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

1112 NE 176TH TERRACE  
N. MIAMI BEACH, FL 33162

**New Mailing Address:**

**FEI Number:** 26-0312590      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

SORSHER, ALEX  
2500-1 N STATE ROAD 7  
HOLLYWOOD, FL 33021      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: AVRAHAM FRIEDMAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: FRIEDMAN, AVRAHAM  
Address: 1112 NE 176TH TERRACE  
City-St-Zip: N. MIAMI BEACH, FL 33162

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: AVRAHAM FRIEDMAN

OWNE

11/03/2008

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