2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: COMPLETE PHARMACY AND MEDICAL SOLUTIONS, LLC

Current Principal Place of Business:

6157 S.W. 167TH ST., UNIT 16-F
MIAMI, FL 33014

New Principal Place of Business:

Current Mailing Address:

6157 S.W. 167TH ST., UNIT 16-F
MIAMI, FL 33014

New Mailing Address:

FEI Number: 26-0353814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GAISER, GREGORY G
14315 LINDED DRIVE
SPRING HILL, FL 34609 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
Name: GAISER, GREGORY G
Address: 6157 S.W. 167TH ST., UNIT 16-F
City-St-Zip: MIAMI, FL 33014

Title: MGR
Name: FADDOUL, RITA
Address: 28314 BROKEN MEAD PATH
City-St-Zip: WESLEY CHAPEL, FL 33543

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 Statues.

SIGNATURE: GREGORY G GAISER COO 07/22/2011

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