

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

DOCUMENT# L07000093086

Entity Name: ST JOSEPH PHARMACY & MEDICAL SUPPLIES, LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

4508 MAYFLOWER DR  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

**New Mailing Address:**

4508 MAYFLOWER DR  
NEW PORT RICHEY, FL 34652

FEI Number: FEI Number Applied For (X) 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:**

KURIAKOSE, MINIMOL  
4508 MAYFLOWER DR  
NEW PORT RICHEY, FL 34652 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:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: KURIAKOSE, MINIMOL  
Address: 4508 MAYFLOWER DR  
City-St-Zip: NEW PORT RICHEY, FL 34652

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: MINIMOL KURIAKOSE

MGR

09/03/2008

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