

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000093086

**FILED  
Jan 19, 2009  
Secretary of State**

**Entity Name:** ST JOSEPH PHARMACY & MEDICAL SUPPLIES, LLC

**Current Principal Place of Business:**

4508 MAYFLOWER DR  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

4508 MAYFLOWER DR  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

**FEI Number:** 14-2006786      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

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

**ADDITIONS/CHANGES:**

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      01/19/2009

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