2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L07000094529

Entity Name: PHARMAFORM MEDICAL SOLUTIONS LLC

Current Principal Place of Business:

2660 SW 37 AVENUE, SUITE 700
COCONUT GROVE, FL 33133

New Principal Place of Business:

2660 SW 37 AVENUE
SUITE 700
COCONUT GROVE, FL 33133

Current Mailing Address:

2660 SW 37 AVENUE, SUITE 700
COCONUT GROVE, FL 33133

New Mailing Address:

2660 SW 37 AVENUE
SUITE 700
COCONUT GROVE, FL 33133

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

Name and Address of Current Registered Agent:

DE LA FUENTE, RICARDO
2660 SW 37 AVENUE
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

DE LA FUENTE, RICARDO L
2660 SW 37 AVENUE
COCONUT GROVE, FL 33133 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: RICARDO DE LA FUENTE 04/30/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DE LA FUENTE, RICARDO
Address: 2660 SW 37 AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: DE LA FUENTE, RICARDO L
Address: 2660 SW 37 AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

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: RICARDO DE LA FUENTE PRES 04/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date