2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
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:

Current Mailing Address:

2660 SW 37 AVENUE
SUITE 700
COCONUT GROVE, FL 33133

New Mailing Address:

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

ADDITIONS/CHANGES:

Title: CEO (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 L DE LA FUENTE CEO 04/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date