

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109811

Entity Name: MEDSRX PHARMACY, LLC

FILED
Jan 13, 2008
Secretary of State

Current Principal Place of Business:

8689C BOCA GLADES BLVD. W
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

8689C BOCA GLADES BLVD. W
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 38-3768461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWNE, WINIFRED
9999 N.E. 2ND AVENUE, SUITE 301
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

JEAN MARY, STEVENSON PRES
8689 C BOCA GLADES BLVD W.
BOCA RATON, FL 33434 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: J. MARY

01/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STEVENSON, JEAN MARY
Address: 8689C BOCA GLADES BLVD. W
City-St-Zip: BOCA RATON, FL 33434

Title: MGRM () Delete
Name: FLEURIMOND, FLEURETTE
Address: 8689C BOCA GLADES BLVD. W
City-St-Zip: BOCA RATON, FL 33434

Title: MGRM () Delete
Name: LOUIS, FABYOUNA
Address: 8689C BOCA GLADES BLVD. W
City-St-Zip: BOCA RATON, FL 33434

Title: MGRM () Delete
Name: KERLINE, JEAN MARY
Address: 8689C BOCA GLADES BLVD. W
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: STEVENSON, JEAN MARY
Address: 8689C BOCA GLADES BLVD. W
City-St-Zip: BOCA RATON, FL 33434

Title: V (X) Change () Addition
Name: FLEURIMOND, FLEURETTE
Address: 8689C BOCA GLADES BLVD. W
City-St-Zip: BOCA RATON, FL 33434

Title: S (X) Change () Addition
Name: LOUIS, FABYOUNA
Address: 700 RICH DR. APT 1
City-St-Zip: DEERFIELD, FL 33441

Title: T (X) Change () Addition
Name: KERLINE, JEAN MARY
Address: 700 RICH DR. APT 1
City-St-Zip: DEERFIELD, FL 33441

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: J. MARY

PRES

01/13/2008

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