

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109811

Entity Name: MEDSRX PHARMACY, LLC

FILED
Apr 15, 2009
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:

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

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

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: JEAN MARY, STEVENSON
Address: 3240 W HILLSBORO BLVD
City-St-Zip: DEERFIELD, FL 33442

Title: T (X) Change () Addition
Name: JEAN MARY, STEVENSON
Address: 3240 W HILLSBORO BLVD
City-St-Zip: DEERFIELD, FL 33442

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: STEVENSON

PRES

04/15/2009

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