

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116969

FILED
Jun 28, 2008
Secretary of State

Entity Name: PHYSICIANS WAREHOUSE, LLC

Current Principal Place of Business:

571 BROADWAY
DUNEDIN, FL 34698

New Principal Place of Business:

113 SUNBURST CT
CLEARWATER, FL 33755

Current Mailing Address:

571 BROADWAY
DUNEDIN, FL 34698

New Mailing Address:

113 SUNBURST CT
CLEARWATER, FL 33755

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GRAVES, MICHAEL
571 BROADWAY
DUNEDIN, FL 34689 US

Name and Address of New Registered Agent:

BOSHOFF, GRANT
1300 N FORT HARRISON AVE
CLEARWATER, FL 33755 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: GRANT BOSHOFF

06/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GRAVES, MICHAEL
Address: 571 BROADWAY
City-St-Zip: DUNEDIN, FL 34689

Title: MGRM (X) Delete
Name: POOLE, MARLENE
Address: 571 BROADWAY
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM (X) Delete
Name: BOSHOFF, GRANT
Address: 113 SUNBURST CT.
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOSHOFF, GRANT
Address: 113 SUNBURST CT
City-St-Zip: CLEARWATER, FL 33755

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

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: GRANT BOSHOFF

MGR

06/28/2008

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