2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120469

City-St-Zip:

WELLINGTON, FL 33449

Entity Name: MEDICATION CONSULTANTS, LLC

FILED Apr 13, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4095 STATE ROAD 7, SUITE L-208 WELLINGTON, FL 33449 **Current Mailing Address: New Mailing Address:** 4095 STATE ROAD 7, SUITE L-208 WELLINGTON, FL 33449 FEI Number: 22-3973027 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete HERRERA, DION Name: Name: Address: 4095 STATE ROAD 7, SUITE L-208 Address: City-St-Zip: WELLINGTON, FL 33449 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: PATEL, PRANAV Name: Address: 4095 STATE ROAD 7. SUITE L-208 Address: City-St-Zip: WELLINGTON, FL 33449 City-St-Zip: Title: () Delete Title: () Change () Addition AGHARA, AMIT Name: Name: 4095 STATE ROAD 7, SUITE L-208 Address: Address:

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.

City-St-Zip:

SIGNATURE: DION HERRERA MGR 04/13/2008