

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000002795

FILED  
Sep 07, 2009  
Secretary of State

**Entity Name:** WESTON PHARMACY SERVICES & STAFFING GROUP, LLC

**Current Principal Place of Business:**

2850 GLADES CIRCLE  
SUITE 11  
WESTON, FL 33327 US

**New Principal Place of Business:**

1951 SW 172 AVE  
SUITE 107  
MIRAMAR, FL 33029 US

**Current Mailing Address:**

2850 GLADES CIRCLE  
SUITE 11  
WESTON, FL 33327 US

**New Mailing Address:**

1951 SW 172 AVE  
SUITE 107  
MIRAMAR, FL 33029 US

**FEI Number:** 26-1703528 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:**

ARAUJO, YOLIMAR  
2850 GLADES CIRCLE  
SUITE 11  
WESTON, FL 33327 US

**Name and Address of New Registered Agent:**

ARAUJO, YOLIMAR  
1951 SW 172 AVE  
SUITE 107  
MIRAMAR, FL 33029 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:

09/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ARAUJO, YOLIMAR  
Address: 2850 GLADES CIRCLE  
City-St-Zip: WESTON, FL 33327

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ARAUJO, YOLIMAR  
Address: 1951 SW 172 AVE  
City-St-Zip: MIRAMAR, FL 33029

Title: MGR ( ) Change (X) Addition  
Name: ANTONIONI, DINO J  
Address: 15115 SW 54TH STREET  
City-St-Zip: MIRAMAR, FL 33027 US

Title: MGR ( ) Change (X) Addition  
Name: RODRIGUEZ, GLESAIBE  
Address: 15115 SW 54TH STREET  
City-St-Zip: MIRAMAR, FL 33027

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: DINO ANTONION

MGR

09/07/2009

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