

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000005757

**FILED**  
**Apr 07, 2009**  
**Secretary of State**

**Entity Name:** BR PHARMACY, LLC

**Current Principal Place of Business:**

7300 NORTH FEDERAL HIGHWAY  
SUITE 106  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

7300 NORTH FEDERAL HIGHWAY  
SUITE 106  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:** 26-1794090      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

JAFFE, EDWARD  
130 JFK DRIVE  
SUITE 134  
ATLANTIS, FL 33462 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:** MGRM      ( ) Delete  
**Name:** JAFFE, KENNETH S M.D.  
**Address:** 130 JFK DRIVE, SUITE 134  
**City-St-Zip:** ATLANTIS, FL 33462

**ADDITIONS/CHANGES:**

**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: KENNETH S JAFFE

MGRM

04/07/2009

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