

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000010152

FILED
Jan 09, 2009
Secretary of State

Entity Name: AMERICAN MAIL ORDER PHARMACY, LLC

Current Principal Place of Business:

2501 NW 34TH PLACE, STE 35
POMPANO BEACH, FL 33069

New Principal Place of Business:

2501 NW 34TH PLACE,
STE 35
POMPANO BEACH, FL 33069

Current Mailing Address:

2501 NW 34TH PLACE, STE 35
POMPANO BEACH, FL 33069

New Mailing Address:

2501 NW 34TH PLACE,
STE 35
POMPANO BEACH, FL 33069

FEI Number: 26-1856161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBES, ROBERT J ESQ
GREENBERG TRAUIG P.A.
1221 BRICKELL AVENUE
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

MAGUIRE, MICHAEL D
23 ROYAL PALM WAY
#15
BOCA RATON, FL 33432 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: MICHAEL MAGUIRE

01/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MAGUIRE, MICHAEL
Address: 23 ROYAL PALM WAY #15
City-St-Zip: BOCA RATON, FL 33432

Title: MGR () Delete
Name: CHIRINSKY, ERIC
Address: 5598 N.E. 7TH AVENUE
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

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: MICHAEL MAGUIRE

MGR

01/09/2009

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