2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2009
Secretary of State

DOCUMENT# L08000025112

Entity Name: PRESCRIPTION HEALTH NETWORK, LLC

Current Principal Place of Business:

202 S ROME AVENUE
SUITE 100
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

202 S ROME AVENUE
SUITE 100
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERRENTINO, DAVID D
202 S ROME AVENUE
SUITE 100
TAMPA, FL 33606 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: ( ) Delete
Name:
Address:
City-St-Zip:

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

ADDITIONS/CHANGES:

Title: MGMR ( ) Change (X) Addition
Name: BLACKSHEAR, WILLIAM M MGMR
Address: 107 WINDWARD ISLAND
City-St-Zip: CLEARWATER, FL 33767

Title: MGMR ( ) Change (X) Addition
Name: POTVIN, MARCUS R MGMR
Address: 7292 FOURTH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

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: WILLIAM M BLACKSHEAR MGMR 01/24/2009

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