

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000025112

FILED
Jan 04, 2011
Secretary of State

Entity Name: PRESCRIPTION HEALTH NETWORK, LLC

Current Principal Place of Business:

7292 FOURTH STREET NORTH
SUITE B
ST. PETERSBURG, FL 33702 US

New Principal Place of Business:

7292 FOURTH STREET NORTH
SUITE C
ST. PETERSBURG, FL 33702 US

Current Mailing Address:

7292 FOURTH STREET NORTH
SUITE B
ST. PETERSBURG, FL 33702 US

New Mailing Address:

FEI Number: 26-2582483 FEI Number Applied For () 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:

BLACKSHEAR, WILLIAM M JR
7292 FOURTH STREET NORTH
SUITE C
ST. PETERSBURG, FL 33702 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: WILLIAM M. BLACKSHEAR, JR.

01/04/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGMR
Name: BLACKSHEAR, WILLIAM M JR.
Address: 107 WINDWARD ISLAND
City-St-Zip: CLEARWATER, FL 33767

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

I hereby 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, JR., M.D.

MGMR

01/04/2011

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