

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000037481

**FILED**  
**Oct 05, 2010**  
**Secretary of State**

**Entity Name:** PHARMACY COMPLIANCE INTEGRATED SOLUTIONS, LLC

**Current Principal Place of Business:**

702 SW BAYSHORE BLVD.  
PT. ST. LUCIE, FL 34983

**New Principal Place of Business:**

702 SW BAYSHORE BLVD.  
PT. ST. LUCIE, FL 34983 US

**Current Mailing Address:**

702 SW BAYSHORE BLVD.  
PT. ST. LUCIE, FL 34983

**New Mailing Address:**

702 SW BAYSHORE BLVD.  
PT. ST. LUCIE, FL 34983 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

HUSEIN, WISAM  
702 SW BAYSHORE BLVD.  
PT. ST. LUCIE, FL 34983 US

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

AFANEH, MOHAMMAD I  
13160 SW 43 STREET  
DAVIE, FL 33330 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: MOHAMMAD ISAM AFANEH

10/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: AFANEH, MOHAMMAD I  
Address: 13160 SW 43 STREET  
City-St-Zip: DAVIE, FL 33330 US

Title: VP  
Name: HUSEIN, WISAM  
Address: 702 SW BAYSHORE BLVD.  
City-St-Zip: PT. ST. LUCIE, FL 34983 US

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: MOHAMMAD ISAM AFANEH

P

10/05/2010

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