

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000044534

Entity Name: MEDEX PHARMACY LLC

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

2085 N UNIVERSITY DR.
SUNRISE, FL 33322

New Principal Place of Business:

Current Mailing Address:

2085 N UNIVERSITY DR.
SUNRISE, FL 33322

New Mailing Address:

FEI Number: 26-3077341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELBARGHOUTHI, JABER
13060 W STATE RD 84
FORT LAUDERDALE, FL 33325 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: MOURANI, ANTOINE
Address: 1411 SAINT GABRIELLE LN #3505
City-St-Zip: WESTON, FL 33326

Title: MGRM () Delete
Name: CHHABRA, ANJALI
Address: 2477 PROVENCE CIRCLE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOURANI, ANTOINE
Address: 1800 S OCEAN DR #2310
City-St-Zip: HALLANDALE, FL 33009

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: ANTOINE MOURANI

MMBR

01/16/2009

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