2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L08000045072

Entity Name: FRIENDS PHARMACY, PLLC

Current Principal Place of Business:

9122 REGENTS PARK DR.
TAMPA, FL 33647

New Principal Place of Business:

1813 E. FOWLER AVENUE
TAMPA, FL 33612

Current Mailing Address:

9122 REGENTS PARK DR.
TAMPA, FL 33647

New Mailing Address:

1813 E. FOWLER AVENUE
TAMPA, FL 33612

FEI Number: 80-0248366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETRO, KATRINA M
9122 REGENTS PARK DR.
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

PETRO, KATRINA M
1813 E. FOWLER AVENUE
TAMPA, FL 33612 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: KATRINA M. PETRO 04/23/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PETRO, KATRINA M
Address: 9122 REGENTS PARK DR.
City-St-Zip: TAMPA, FL 33647

Title: MGR ( ) Delete
Name: D'AMICO, BARBARA J
Address: 14912 GENTILLY PLACE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PETRO, KATRINA M
Address: 1813 E. FOWLER AVENUE
City-St-Zip: TAMPA, FL 33612

Title: MGR (X) Change ( ) Addition
Name: D'AMICO, BARBARA J
Address: 1813 E. FOWLER AVENUE
City-St-Zip: TAMPA, FL 33612

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: KATRINA M. PETRO MGR 04/23/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date