

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000048695

**FILED**  
**Feb 25, 2009**  
**Secretary of State****Entity Name:** PHARMACY SYSTEMS LLC**Current Principal Place of Business:**18505 SW 104 AVENUE  
1  
MIAMI, FL 33157 US**New Principal Place of Business:****Current Mailing Address:**18505 SW 104 AVENUE  
1  
MIAMI, FL 33157 US**New Mailing Address:****FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**THE COLLINS GROUP OF MIAMI, LLC  
18505 SW 104 AVENUE  
1  
MIAMI, FL 33157 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: THE COLLINS GROUP OF, MIAMI, LLC  
Address: 18505 SW 104 AVENUE SUITE 1  
City-St-Zip: MIAMI, FL 33157 USTitle: MGRM (X) Delete  
Name: MCCORVEY, STOCKES  
Address: 18505 SW 104 AVENUE SUITE 1  
City-St-Zip: MIAMI, FL 33157 US**ADDITIONS/CHANGES:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip: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: LARRY E COLLINS

MGRM

02/25/2009

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