2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000048695

Entity Name: PHARMACY SYSTEMS LLC

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

18505 SW 104 AVENUE 18079 SOUTH DIXIE HIGHWAY

1 MIAMI, FL 33157 US

Current Mailing Address: New Mailing Address:

18505 SW 104 AVENUE 18079 SOUTH DIXIE HIGHWAY

1 MIAMI, FL 33157 US MIAMI, FL 33157 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

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

THE COLLINS GROUP OF MIAMI, LLC

18505 SW 104 AVENUE

THE COLLINS GROUP OF MIAMI LLC

18079 SOUTH DIXIE HIGHWAY

1 MIAMI, FL 33157 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: STOKES MCCORVEY 03/20/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: THE COLLINS GROUP OF, MIAMI, LLC Name: COLLINS, LAZARUS
Address: 18505 SW 104 AVENUE SUITE 1 Address: 18079 SOUTH DIXIE HIGHWAY

City-St-Zip: MIAMI, FL 33157 US City-St-Zip: MIAMI, FL 33157 US

Title: () Delete Title: AMGR () Change (X) Addition Name: STOKES, MCCORVEY

 Name:
 STOKES, MICCORVEY

 Address:
 Address:

 City-St-Zip:
 City-St-Zip:

 MIAMI, FL 33157 US

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: LAZARUS COLLINS MGRM 03/20/2009