2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

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Entity Name: TVPHARMACIST L.L.C.

Current Principal Place of Business:

12568 80TH AVE
SEMINOLE, FL 33776

New Principal Place of Business:

9011 PARK BLVD #206
SEMINOLE, FL 33777

Current Mailing Address:

12568 80TH AVE
SEMINOLE, FL 33776

New Mailing Address:

FEI Number: 26-2788637 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VU BOSCO, TRANG
12568 80TH AVE
SEMINOLE, FL 33776 US

Name and Address of New Registered Agent:

BOSCO, TRANG V
12568 80TH AVE
SEMINOLE, FL 33776 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: TRANG BOSCO 01/06/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: VU BOSCO, TRANG
Address: 12568 80TH AVE
City-St-Zip: SEMINOLE, FL 33776

Title: MGRM ( ) Delete
Name: BOSCO, DAVID M
Address: 841 3RD AVE NW
City-St-Zip: LARGO, FL 33770

Title: MGRM ( ) Delete
Name: BOSCO, JOHN R
Address: 11114 101ST AVE N
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: VU BOSCO, TRANG
Address: PO BOX 7398
City-St-Zip: SEMINOLE, FL 33775

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: TRANG BOSCO CEO 01/06/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date