2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000064710

Entity Name: BRAUN PHARMACY SERVICES, LLC

FILED Nov 10, 2009 Secretary of State

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

1715 S. MISSOURI AVE 10671 94TH AVE N.

BLDG #8 SEMINOLE, FL 33772 US

LARGO, FL 33756 US

Current Mailing Address: New Mailing Address:

1715 S. MISSOURI AVE 10671 94TH AVE N.

BLDG #8 SEMINOLE, FL 33772 US LARGO, FL 33756 US

FEI Number: 26-2918536 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BRAUN, WILLIAM D
1715 S. MISSOURI AVE
BLDG #8

BRAUN, WILLIAM D
10671 94TH AVE N.
SEMINOLE, FL 33772 US

BLDG #8 SEMINOLE, FL 33772 US LARGO, FL 33756 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: WILLIAM D. BRAUN 11/10/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

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

 Name:
 BRAUN, WILLIAM D
 Name:
 BRAUN, WILLIAM D

 Address:
 1715 S. MISSOURI AVE., BLDG #8
 Address:
 10671 94TH AVE N.

 City-St-Zip:
 LARGO, FL 33756 US
 City-St-Zip:
 SEMINOLE, FL 33772 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: WILLIAM D. BRAUN DR. 11/10/2009