2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2009
Secretary of State

DOCUMENT# L08000074956

Entity Name: CLIN-PHARM LLC

Current Principal Place of Business:

1541 SOUTH OCEAN BLVD
#211
POMPANO BEACH, FL 33062 US

New Principal Place of Business:

Current Mailing Address:

1541 SOUTH OCEAN BLVD
#211
POMPANO BEACH, FL 33062 US

New Mailing Address:

FEI Number: 26-3232625 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FLOOD, KATHLEEN N
1541 SOUTH OCEAN BLVD
#211
POMPANO BEACH, FL 33062 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: MGR ( ) Delete
Name: FLOOD, KATHLEEN N
Address: 1541 SOUTH OCEAN BLVD #211
City-St-Zip: POMPANO BEACH, FL 33062 US

ADDITIONS/CHANGES:

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: KATHLEEN N FLOOD MGR 03/21/2009

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