

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000081108

FILED
Jun 28, 2009
Secretary of State**Entity Name:** PHARMLAND LLC**Current Principal Place of Business:**3426 13TH AVE N
SAINT PETERSBURG, FL 33713**New Principal Place of Business:**3426 13TH AVE N
SAINT PETERSBURG, FL 33713 US**Current Mailing Address:**3426 13TH AVE N
SAINT PETERSBURG, FL 33713**New Mailing Address:**3426 13TH AVE N
SAINT PETERSBURG, FL 33713 US**FEI Number:** 26-3267775**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LIFECARE PHARMACY
3426 13TH AVE NORTH
ST PETERSBURG, FL 33713 US**Name and Address of New Registered Agent:**MAZARIEGOS, CARLOS J OWNER
1584 BURNS DRIVE
CLEARWATER, FL 33764 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: CARLOS J MAZARIEGOS

06/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGRM () Delete
Name: NUNDY, BENJAMIN W
Address: 2064 WHITNEY DRIVE
City-St-Zip: CLEARWATER, FL 33760Title: MGRM (X) Delete
Name: MAZARIEGOS, CARLOS J
Address: 1584 BURNS DRIVE
City-St-Zip: CLEARWATER, FL 33764**ADDITIONS/CHANGES:**Title: MGRM (X) Change () Addition
Name: MAZARIEGOS, CARLOS J OWNER
Address: 3426 13TH AVE NORTH
City-St-Zip: ST PETERSBURG, FL 33713Title: () 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: CARLOS J MAZARIEGOS

MR

06/28/2009

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