

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000092870

FILED
Jun 24, 2009
Secretary of State

Entity Name: INTERNATIONAL PHARMACEUTICAL SOLUTIONS LLC

Current Principal Place of Business:

1666 KENNEDY CAUSEWAY
SUITE 209
NORTH BAY VILLAGE, FL 33141

New Principal Place of Business:

Current Mailing Address:

1666 KENNEDY CAUSEWAY
SUITE 209
NORTH BAY VILLAGE, FL 33141

New Mailing Address:

FEI Number: 37-1575371 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

MANAL OLIVER & ASSOCIATES, INC.
1666 KENNEDY CAUSEWAY
SUITE 308
NORTH BAY VILLAGE, FL 33141 US

Name and Address of New Registered Agent:

TUCKER, CAREY A
1666 KENNEDY CAUSEWAY
SUITE 209
NORTH BAY VILLAGE, FL 33141 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: CAREY A TUCKER

06/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TUCKER, SIMON
Address: 1552 BIARRITZ DRIVE
City-St-Zip: MIAMI, FL 33141

Title: MGRM () Delete
Name: TUCKER, CAREY
Address: 1552 BIARRITZ DRIVE
City-St-Zip: MIAMI, FL 33141

ADDITIONS/CHANGES:

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: SIMON TUCKER

MGRM

06/24/2009

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