## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L08000108921

Entity Name: IN-CARE PHARMACY, LLC

FILED Nov 18, 2009 Secretary of State

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

590 WEST FLAGLER STREET MIAMI, FL 33130 US

Current Mailing Address: New Mailing Address:

6800 SW 135 AVENUE 590 WEST FLAGLER STREET MIAMI, FL 33183 US MIAMI, FL 33130 US

FEI Number: 26-3776974 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: Name and Address of New Registered Agent:

DAVID LEE CARLSON, ESQ 8180 NW 36 STREET 100 DORAL, FL 33166 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: DAVID LEE CARLSON

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

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

Name: MOTORWALA, SHABBIR Name: ARYAN, AIMAN
Address: 6800 SW 135 AVE Address: 590 WEST FLAGLER STREET

City-St-Zip: MIAMI, FL 33183 US City-St-Zip: MIAMI, FL 33130 US

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

 Name:
 ARYAN, AIMAN
 Name:

 Address:
 590 WEST FLAGLER STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33130 US
 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: AIMAN ARYAN MGRM 11/18/2009