

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000019589

Entity Name: PHARM D CONSULTANTS, LLC

**FILED**  
**Jan 21, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

16411 SW 28 STREET  
MIRAMAR, FL 33027

## **New Principal Place of Business:**

7800 N. UNIVERSITY DR  
101-102  
TAMARAC, FL 33321

## **Current Mailing Address:**

16411 SW 28 STREET  
MIRAMAR, FL 33027

## **New Mailing Address:**

7800 N. UNIVERSITY DR  
101-102  
TAMARAC, FL 33321

FEI Number: 26-4349018

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

BOWEN, JERMAINE DR.  
16411 SW 28 STREET  
MIRAMAR, FL 33027 US

## **Name and Address of New Registered Agent:**

BOWEN, JERMAINE DR.  
7800 N. UNIVERSITY DR  
101  
TAMARAC, FL 33321 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: DR. JERMAINE BOWEN

01/21/2010

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LE, HIEN DR.  
Address: 7800 N. UNIVERSITY DR #101  
City-St-Zip: TAMARAC, FL 33321

Title: MGRM  
Name: BOWEN, JERMAINE DR.  
Address: 7800 N. UNIVERSITY DR #101  
City-St-Zip: TAMARAC, FL 33321

Title: MGR  
Name: ELHAKIM, SAMER E DR  
Address: 7800 N. UNIVERSITY DR #101  
City-St-Zip: TAMARAC, FL 33321

I hereby 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: DR. JERMAINE BOWEN

MGRM

01/21/2010

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