

2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L09000019589

FILED
May 03, 2010
Secretary of State**Entity Name:** PHARM D CONSULTANTS, LLC**Current Principal Place of Business:**7800 N. UNIVERSITY DR
101-103
TAMARAC, FL 33321**New Principal Place of Business:**7800 N. UNIVERSITY DR
101-102
TAMARAC, FL 33321**Current Mailing Address:**7800 N. UNIVERSITY DR
101-103
TAMARAC, FL 33321**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.
7800 N. UNIVERSITY DR
103
TAMARAC, FL 33321 US**Name and Address of New Registered Agent:**BOWEN, JERMAINE DR.
7800 N. UNIVERSITY DR
101 - 102
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:

05/03/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: LE, HIEN DR.
Address: 7800 N. UNIVERSITY DR # 101 - 102
City-St-Zip: TAMARAC, FL 33321

Title: MGRM
Name: BOWEN, JERMAINE DR.
Address: 7800 N. UNIVERSITY DR # 101 - 102
City-St-Zip: TAMARAC, FL 33321

Title: MGRM
Name: GONZALEZ, CARLOS JR. M.D.
Address: 7800 N. UNIVERSITY DR # 101 - 102
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

05/03/2010

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