# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 27, 2010**
**Secretary of State**

DOCUMENT# L09000020233

**Entity Name:** MED FORMS STORE, LLC

**Current Principal Place of Business:**

1660 WEST AVE.
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

1860 WEST AVE.
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1660 WEST AVE.
MIAMI BEACH, FL 33139

**New Mailing Address:**

1860 WEST AVE.
MIAMI BEACH, FL 33139

**FEI Number: 26-4370594** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

PARRELLA, CHRISTOPHER A
1660 WEST AVE.
MIAMI BEACH, FL 33139 US

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

PARRELLA, CHRISTOPHER A
1860 WEST AVE.
MIAMI BEACH, FL 33139 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: _____ 01/27/2010
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM
Name: PARRELLA, CHRISTOPHER A
Address: 1860 WEST AVE.
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM
Name: LEON, CARLOS
Address: 1860 WEST AVE.
City-St-Zip: MIAMI BEACH, FL 33139

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 Statues.

SIGNATURE: CHRISTOPHER A. PARRELLA MGRM 01/27/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date