

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000060374

**FILED**  
**Mar 26, 2010**  
**Secretary of State**

**Entity Name:** PHARMA CONSULTANTS LLC

**Current Principal Place of Business:**

23850 VIA ITALIA CIRCLE  
FLORENCIA SUITE 406  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

23850 VIA ITALIA CIRCLE  
FLORENCIA SUITE 406  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

**FEI Number:** 20-0020780

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOGHIGIAN, HARRY C  
23850 VIA ITALIA CIRCLE  
FLORENCIA SUITE 406  
BONITA SPRINGS, FL 34134 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** BOGHIGIAN, HARRY C  
**Address:** 23850 VIA ITALIA CIRCLE SUITE 406  
**City-St-Zip:** BONITA SPRINGS, FL 34134

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: HARRY C. BOGHIGIAN

MGR

03/26/2010

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