

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000060374

FILED  
Feb 16, 2011  
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

Title: MS  
Name: ORLOWSKI, DIANA  
Address: 23850 VIA ITALIA CIRCLE #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

MR

02/16/2011

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