

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000083351

**FILED**  
**Sep 28, 2010**  
**Secretary of State**

**Entity Name:** PHARMScript OF FLORIDA, LLC

**Current Principal Place of Business:**

1648 MADISON PLACE  
BROOKLYN, NY 11229

**New Principal Place of Business:**

1648 MADISON PLACE  
BROOKLYN, NY 11229 US

**Current Mailing Address:**

1648 MADISON PLACE  
BROOKLYN, NY 11229

**New Mailing Address:**

1648 MADISON PLACE  
BROOKLYN, NY 11229 US

**FEI Number:** 27-0826302

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GREENBERGER, SAUL  
3801 CORPOREX PARK DRIVE, SUITE 140  
TAMPA, FL 33619 US

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

GREENBERGER, SAUL MGRM  
3801 CORPOREX PARK DRIVE  
SUITE 100  
TAMPA, FL 33619 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: SAUL GREENBERGER

09/28/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GREENBERGER, SAUL PRES  
Address: 1648 MADISON PLACE  
City-St-Zip: BROOKLYN, NY 1122 US

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: SAUL GREENBERGER

MGRM

09/28/2010

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