

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000090323

Entity Name: PHARMACYMAX LABS, LLC

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

**Current Principal Place of Business:**

21 DRENNEN ROAD  
ORLANDO, FL 32806

**New Principal Place of Business:**

513 W. COLONIAL DRIVE  
SUITE# 4  
ORLANDO, FL 32804

**Current Mailing Address:**

P O BOX 22302  
ORLANDO, FL 32830

**New Mailing Address:**

FEI Number: 27-1022890

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PSTD  
Name: BELAL, MOHAMED  
Address: 513 W. COLONIAL DRIVE, SUITE# 4  
City-St-Zip: ORLANDO, FL 32804

Title: S  
Name: BELAL, MOHAMED RPH  
Address: 513 W. COLONIAL DRIVE, SUITE# 4  
City-St-Zip: ORLANDO, FL 32804

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: MOHAMED BELAL, RPH

PSTD

04/28/2010

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