2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2011
Secretary of State

DOCUMENT# L09000090323

Entity Name: PHARMACYMAX LABS, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

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 DR.
Address: 513 W. COLONIAL DRIVE, SUITE# 4
City-St-Zip: ORLANDO, FL 32804

Title: S
Name: BELAL, MOHAMED DR.
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 Statues.

SIGNATURE: MOHAMED BELAL PSTD 04/20/2011

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