

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000011018

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** PHARMACY BENEFIT SOLUTIONS, LLC

**Current Principal Place of Business:**

14450 46TH STREET NORTH  
SUITE 115  
CLEARWATER, FL 33762 US

**New Principal Place of Business:**

2240 BELLEAIR ROAD  
SUITE 250  
CLEARWATER, FL 33764 US

**Current Mailing Address:**

14450 46TH STREET NORTH  
SUITE 115  
CLEARWATER, FL 33762 US

**New Mailing Address:**

2240 BELLEAIR ROAD  
SUITE 250  
CLEARWATER, FL 33764 US

**FEI Number:** 27-1786842

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MUNDRA, VINANTA  
14450 46TH STREET NORTH  
SUITE 115  
CLEARWATER, FL 33762 US

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

MUNDRA, VINANTA  
2240 BELLEAIR ROAD  
SUITE 250  
CLEARWATER, FL 33764 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: VINANTA MUNDRA

02/07/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: VINANTA, MUNDRA  
Address: 2240 BELLEAIR ROAD SUITE 250  
City-St-Zip: CLEARWATER, FL 33764 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: VINANTA MUNDRA

MGR

02/07/2012

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