2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2011
Secretary of State

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Entity Name: WELLS PHARMACY NETWORK, LLC

Current Principal Place of Business:

20283 STATE ROAD 7, SUITE 400
BOCA RATON, FL 33498

New Principal Place of Business:

Current Mailing Address:

20283 STATE ROAD 7, SUITE 400
BOCA RATON, FL 33498

New Mailing Address:

FEI Number: 27-4947247 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAPIRO, COLLEEN
20283 STATE ROAD 7, SUITE 400
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

SHAPIRO, COLLEEN S
2600 S. OCEAN BLVD, PENTHOUSE 21-F
BOCA RATON, FL 33432 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: COLLEEN S. SHAPIRO 04/06/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SHAPIRO, COLLEEN S
Address: 2600 S. OCEAN BLVD, PENTHOUSE 21-F
City-St-Zip: BOCA RATON, FL 33432

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: COLLEEN S. SHAPIRO MGRM 04/06/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date