

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000128350

FILED
Apr 11, 2012
Secretary of State

Entity Name: WELLS PHARMACY NETWORK, LLC

Current Principal Place of Business:

11120 S. CROWN WAY, STE. 11
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

11120 S. CROWN WAY, STE. 11
WELLINGTON, FL 33414

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 S
2600 S. OCEAN BLVD, PENTHOUSE 21-F
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

SHAPIRO, COLLEEN S
11101 S. CROWN WAY
SUITE #5
WELLINGTON, FL 33414 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:

04/11/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SHAPIRO, COLLEEN S
Address: 11101 S. CROWN WAY, SUITE 5
City-St-Zip: WELLINGTON, FL 33414

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: COLLEEN STACY SHAPIRO

MGRM

04/11/2012

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