

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000128801

**FILED  
Feb 09, 2011  
Secretary of State**

**Entity Name:** OTC HEALTH SOLUTIONS, LLC

**Current Principal Place of Business:**

9400 NW 104 STREET  
MEDLEY, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

9400 NW 104 STREET  
MEDLEY, FL 33178

**New Mailing Address:**

**FEI Number:** 27-4293389      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

NAVARRO DISCOUNT PHARMACIES, LLC  
9400 NW 104 STREET  
MEDLEY, FL 33178    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:** MGRM  
**Name:** NAVARRO DISCOUNT PHARMACIES, LLC  
**Address:** 9400 NW 104 STREET  
**City-St-Zip:** MEDLEY, FL 33178

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: JUAN M. ORTIZ      CFO      02/09/2011

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