2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2012
Secretary of State

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Entity Name: PHARMACIST RECOMMENDED L.L.C.

Current Principal Place of Business:

4320 DEERWOOD LAKE PARKWAY
101-211
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4320 DEERWOOD LAKE PARKWAY
101-211
JACKSONVILLE, FL 32216

New Mailing Address:

4717 SAN JUAN AVE
JACKSONVILLE, FL 32210

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

Name and Address of Current Registered Agent:

MAYO, SAMUEL M
14244 PALMETTO SPRINGS STREET
JACKSONVILLE, FL 32258 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: MAYO, SAMUEL M
Address: 4320 DEERWOOD LAKE PARKWAY STE 101-211
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM
Name: GAYNOR, BRIAN P
Address: 14244 PALMETTO SPRINGS STREET
City-St-Zip: JACKSONVILLE, FL 32258

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: SAMUEL MAYO OWNE 04/10/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date