## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M03000001464

Entity Name: UNITED STATES PHARMACEUTICAL GROUP, L.L.C.

FILED Jan 06, 2009 Secretary of State

13650 NW 8TH ST., STE. 109 13650 NW 8TH ST. STE. 109 SUNRISE, FL 33325

SUNRISE, FL 33325

**Current Mailing Address: New Mailing Address:** 

13650 NW 8TH ST., STE. 109 13650 NW 8TH ST. STE. 109

SUNRISE, FL 33325 SUNRISE, FL 33325

FEI Number: 65-1122695 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM ( ) Delete Title: () Change () Addition

PARKER, GLENN Name: Name: Address: 13650 NW 8TH ST., STE. 109 Address: City-St-Zip: SUNRISE, FL 33325 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

STONE, LEWIS Name: Name: Address: 13650 NW 8TH ST., STE, 109 Address: City-St-Zip: SUNRISE, FL 33325 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: GLENN M. PARKER, MD 01/06/2009