


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2005 8:00 am
Secretary of State

07-20-2005 90065 042 ****50.00

DOCUMENT # M04000001834	
1. Entity Name METCARE RX-ORMOND BEACH PHARMACEUTICAL SERVICES, LLC	

Principal Place of Business 1200 WEST GRANADA BLVD., SUITE #5 ORMOND BEACH, FL 32174	Mailing Address 1200 WEST GRANADA BLVD., SUITE #5 ORMOND BEACH, FL 32174
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



06302005 Chg-LLC CR2E083 (10/03)

4. EFT Number 20-0421454	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DAMIAN, MELANIE 1200 BRICKELL AVENUE, STE. 950 MIAMI, FL 33131	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VERNON, ELLIOTT H 25 FIRST AVENUE, SUITE 311 ATLANTIC HIGHLANDS, NJ 07716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 	7/6/05 (954) 653-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #