## 2006 LIMITED LIABILITY COMPANY

## Apr 04, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # M04000001834 04-04-2006 90008 036 \*\*\*\*50.00 METCARE RX-ORMOND BEACH PHARMACEUTICAL SERVICES, LLC Principal Place of Business Mailing Address 1200 WEST GRANADA BLVD., SUITE #5 1200 WEST GRANADA BLVD., SUITE #5 ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-0421454 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAMIAN, MELANIE 1200 BRICKELL AVENUE, STE. 950 MIAMI, FL 33131 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change ☐ Addition VERNON, ELLIOTT H NAME NAME STREET ADDRESS 25 FIRST AVENUE, SUITE 311 STREET ADDRESS ATLANTIC HIGHLANDS, NJ 07716 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

H. VERNON - CHAIRMANICO MANAGER

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 trystel empowered to execute this report as required by Chapter 608, Florida Statutes.