

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001834

FILED
Aug 17, 2007
Secretary of State

Entity Name: METCARE RX-ORMOND BEACH PHARMACEUTICAL SERVICES, LLC

Current Principal Place of Business:

1200 WEST GRANADA BLVD., SUITE #5
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

1200 WEST GRANADA BLVD., SUITE #5
ORMOND BEACH, FL 32174

New Mailing Address:

870 POMPTON AVENUE
UNIT B-2
CEDAR GROVE, NJ 07009

FEI Number: 20-0421454 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DAMIAN, MELANIE
1000 BRICKELL AVE
1020
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

ROSEN, RUSSELL W
708 THIRD AVENUE
SUITE # 1600
NEW YORK, FL 10017 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: RUSSELL W. ROSEN

08/17/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VERNON, ELLIOTT H
Address: 25 FIRST AVENUE, SUITE 311
City-St-Zip: ATLANTIC HIGHLANDS, NJ 07716

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VERNON, ELLIOTT H
Address: 870 POMPTON AVENUE, UNIT B-2
City-St-Zip: CEDAR GROVE, NJ 07009

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: ELLIOT H. VERNON

MGR

08/17/2007

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