

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90057 018 \*\*\*138.75

**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

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

**DO NOT WRITE IN THIS SPACE**

01032008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**20-0421454**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MANMOHAN PATEL  
870 POMPTON AVENUE, UNIT B-2  
CEDAR GROVE, NJ 07009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Manmohan Patel* 01/08/2008 201-216-3055