


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

01-17-2008 90057 019 ***138.75

DOCUMENT # M04000001835	
1. Entity Name METCARE RX-ORANGE CITY PHARMACEUTICAL SERVICES, LLC	

Principal Place of Business 2742-B ENTERPRISE ROAD ORANGE CITY, FL 32763	Mailing Address 870 POMPTON AVENUE UNIT B-2 CEDAR GROVE, NJ 07009
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DO NOT WRITE IN THIS SPACE



01032008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0421433	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

**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 _____ (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 MANMUKHAN PATEL 870 POMPTON AVENUE, UNIT B-2 CEDAR GROVE, NJ 07009
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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: Manmukhan A. Patel 01/08/2008 201-2163805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #