

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001835

**FILED**  
**Apr 17, 2009**  
**Secretary of State**

**Entity Name:** METCARE RX-ORANGE CITY PHARMACEUTICAL SERVICES, LLC

**Current Principal Place of Business:**

2742-B ENTERPRISE ROAD  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

1233 WALT WHITMAN ROAD  
MELVILLE, NY 11747

**FEI Number:** 20-0421433

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** MANMOHAN, PATEL  
**Address:** 870 POMPTON AVENUE, UNIT B-2  
**City-St-Zip:** CEDAR GROVE, NJ 07009

**ADDITIONS/CHANGES:**

**Title:** MGMR (X) Change ( ) Addition  
**Name:** MANMOHAN, PATEL  
**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:** MANMOHAN PATEL

CEO

04/17/2009

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