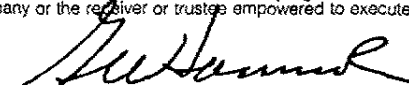


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # M04000002593		
1. Entity Name INDUSTRIAL PHARMACY MANAGEMENT, LLC		
Principal Place of Business 4500 E. PACIFIC COAST HIGHWAY, SUITE 600 LONG BEACH, CA 90804		Mailing Address 4500 E. PACIFIC COAST HIGHWAY, SUITE 600 LONG BEACH, CA 90804
DO NOT WRITE IN THIS SPACE		
		 01102007 No Chg-LLC CR2E083 (11/05)
4. FEI Number 71-0947427		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		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 _____		
Filing Fee is \$50.00 Due by May 1, 2007 000000612222 02/02/07-80095-024 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DROBOT, MICHAEL D 4500 E. PACIFIC COAST HIGHWAY, SUITE 600 LONG BEACH, CA 90804	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
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:  G.W. Hamner/CEO 1/10/07 (562) 446-2238		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		