


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90310 030 \*\*\*138.75

<b>DOCUMENT # M05000000754</b>	
1. Entity Name <b>MOORE MEDICAL LLC</b>	

Principal Place of Business <b>389 JOHN DOWNEY DRIVE NEW BRITAIN, CT 06050</b>	Mailing Address <b>389 JOHN DOWNEY DRIVE NEW BRITAIN, CT 06050</b>
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2. Principal Place of Business - No P.O. Box # <b>1690 NEW BRITAIN AVE</b>	3. Mailing Address <b>1690 NEW BRITAIN AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>FARMINGTON, CT</b>	City & State <b>FARMINGTON, CT</b>
Zip <b>06032</b>	Zip <b>06032</b>
Country <b>USA</b>	Country <b>USA</b>

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03302008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-2046702</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET TALLAHASSEE, FL 32301</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

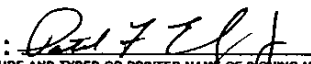
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MCKESSON MEDICAL-SURGICAL INC. 8741 LANDMARK ROAD RICHMOND, VA 23228</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b>  <b>Patrick F. Eady Jr.</b>	<b>4-11-08</b>	<b>860-826-3721</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #