


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90008 033 ****50.00

DOCUMENT # M05000001512		
1. Entity Name METCARE RX PHARMACEUTICAL SERVCIES GROUP, LLC		

Principal Place of Business 3201 WEST COMMERCIAL BLVD., SUITE 130 FT. LAUDERDALE, FL 33309	Mailing Address 3201 WEST COMMERCIAL BLVD., SUITE 130 FT. LAUDERDALE, FL 33309
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03162006 Chg-LLC CR2E083 (11/05)

4. FEL Number 90-0087757	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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		7. Name and Address of New Registered Agent	
DAMIAN, MELANIE E DAMIAN & VALORI, LLP 1200 BRICKELL AVENUE, SUITE 950 MIAMI, FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) 1000 Brickell Ave, #1020 City FL Zip Code	

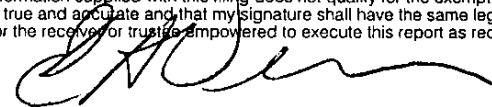
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BUZZY KLEVENS PHARM. D. 931 VILLAGE BLVD., #903-446 WEST PALM BEACH, FL 33409 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR M ELLIOTT H. VERNON 25 First Ave, #311 ATLANTIC Highlands, NJ 07716 <input checked="" 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
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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
ELLIOTT H. VERNON, ESQ. CHAIRMAN - CO MANAGER Date **03/20/06** Daytime Phone # **732-872-7211**