

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

01-17-2008 90057 020 ***138.75

DOCUMENT # M05000001512

1. Entity Name
**METCARE RX PHARMACEUTICAL SERVICES GROUP,
LLC**



Principal Place of Business

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

Mailing Address

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

00002157



01032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

90-0087757

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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 **MGR**
NAME **MANMOHAN PATEL**
STREET ADDRESS **870 POMPTON AVENUE, UNIT B-2**
CITY-ST-ZIP **CEDAR GROVE, NJ 07009**

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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: Manmohan S. Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01/08/2008 201-2163055

Date

Daytime Phone #