2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 25, 2009
Secretary of State

DOCUMENT# M05000001512

Entity Name: METCARE RX PHARMACEUTICAL SERVCIES GROUP, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

1233 WALT WHITMAN ROAD
MELVILLE, NY 11747

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: 90-0087757 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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: MGR (X) Change ( ) Addition
Name: MANMOHAN, PATEL
Address: 1233 WALT WHITMAN ROAD
City-St-Zip: MELVILLE, NY 11747

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 MGR 06/25/2009

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