

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000002345

**FILED**  
**Aug 24, 2010**  
**Secretary of State**

**Entity Name:** JONES TOTAL HEALTH PHARMACY, LLC

**Current Principal Place of Business:**

8538 SW 214TH WAY  
MIAMI, FL 33189

**New Principal Place of Business:**

300 W SUNRISE BLVD  
SUITE 11  
FORT LAUDERDALE, FL 33311

**Current Mailing Address:**

8538 SW 214TH WAY  
MIAMI, FL 33189

**New Mailing Address:**

401 E LAS OLAS BLVD  
SUITE 130376  
FORT LAUDERDALE, FL 33301

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, CHERESE N  
7032 BEEKMAN LAKE DR.  
JACKSONVILLE, FL 32222 US

**Name and Address of New Registered Agent:**

JONES, CHERESE N  
300 W SUNRISE BLVD  
SUITE 11  
FORT LAUDERDALE, FL 33311 US

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: \_\_\_\_\_

08/24/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JONES, CHERESE N  
Address: 300 W SUNRISE BLVD SUITE 11  
City-St-Zip: FORT LAUDERDALE, FL 33311

I hereby 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: CHERESE N JONES

MGRM

08/24/2010

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