

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000002345

FILED
Mar 15, 2011
Secretary of State

Entity Name: JONES TOTAL HEALTH PHARMACY, LLC

Current Principal Place of Business:

300 W SUNRISE BLVD
SUITE 11
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
300 W SUNRISE BLVD
SUITE 11
FORT LAUDERDALE, FL 33311 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: 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 03/15/2011

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