2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2010
Secretary of State

DOCUMENT# M09000002970

Entity Name: QOL MEDS, LLC

Current Principal Place of Business:

4900 PERRY HWY
BUILD 2
PITTSBURG, PA 15229

New Principal Place of Business:

Current Mailing Address:

4900 PERRY HWY
BUILD 2
PITTSBURG, PA 15229

New Mailing Address:

FEI Number: 27-0556097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name: SPECIALIZED PHARACEUTICALS INC
Address: 4900 PERRY HWY
City-St-Zip: PITTSBURG, PA 15229

Title: MGR
Name: BOWMAN INVESTMENTS, LLC
Address: 20332 CHRISTOFLE DR
City-St-Zip: CORNELIUS, NC 28031

Title: PRES
Name: SMITH, JAMES F
Address: 812 ANGELICA CIR
City-St-Zip: RALEIGH, NC 27518

Title: MGR
Name: BITZ, FRANCOIS
Address: 1640 PLEASANT HILLS RD
City-St-Zip: BADEN, PA 15005

Title: MGR
Name: SASSANO, DANIEL
Address: 704 SOUTH SUTHERLAND AVE
City-St-Zip: MONROE, NC 28112

Title: MGR
Name: MOMAHAN, MICHAEL K
Address: 2502 GLENEAGLES DR
City-St-Zip: GASTONIA, NC 28056

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 Statues.

SIGNATURE: JAMES F SMITH PRES 03/23/2010

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