

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000004829

Entity Name: PILL STAT RX, L.L.C.

FILED
Feb 17, 2011
Secretary of State

Current Principal Place of Business:

8770 GUION ROAD, SUITE G
INDIANAPOLIS, IN 46268

New Principal Place of Business:

Current Mailing Address:

8770 GUION ROAD, SUITE G
INDIANAPOLIS, IN 46268

New Mailing Address:

FEI Number: 36-4276991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T 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: ACCUPAC, LLC
Address: 8770 GUION ROAD, SUITE G
City-St-Zip: INDIANAPOLIS, IN 46268

Title: C
Name: CHOOKASZIAN, DENNIS
Address: 1017 ELM STREET
City-St-Zip: WILLMETTE, IL 60091

Title: PCEO
Name: KUTRIEB, RON
Address: 37 HAY STREET
City-St-Zip: NEWBURY, MA 01950

Title: VP
Name: KLINE, DAVID
Address: 870 CENTRAL ROAD
City-St-Zip: RYE BEACH, NH 03871

Title: CFO
Name: FOSTER, DENISE
Address: 5018 SOMERSET LANE
City-St-Zip: ZIONSVILLE, IN 46077

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: DENISE FOSTER

CFO

02/17/2011

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