

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094010

FILED
May 01, 2008
Secretary of State

Entity Name: PROCARE PHARMACY CARE, LLC

Current Principal Place of Business:

3891 COMMERCE PARKWAY
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

3891 COMMERCE PARKWAY
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 57-1176550 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:

BURGESS, ROGER
3891 COMMERCE PARKWAY
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

DRUCKER, STEVEN
3891 COMMERCE PARKWAY
MIRAMAR, FL 33025 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: /S/ STEVEN B. DRUCKER

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PROCARE PHARMACY BEN, FIT MANAGER, I N C.
Address: 3891 COMMERCE PARKWAY
City-St-Zip: MIRAMAR, FL 33025

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: BURGESS, ROGER D
Address: 3891 COMMERCE PARKWAY
City-St-Zip: MIRAMAR, FL 33025

Title: CFO () Change (X) Addition
Name: WATSON, BARBARA
Address: 3090 PREMIERE PKWY SUITE 100
City-St-Zip: DULUTH, GA 30097

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: BARBARA WATSON

CFO

05/01/2008

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